# Contents

<table>
<thead>
<tr>
<th>Column</th>
<th>Author</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>From The Editor’s Desk</td>
<td>Donna McGary</td>
<td>Let’s Talk About The Food</td>
</tr>
<tr>
<td>The Scuttlebutt</td>
<td>Tom Whitworth</td>
<td>Happy Birthyear!</td>
</tr>
<tr>
<td>VoicePoints</td>
<td>Joy Gaziano, M.A., CCC- SLP, BCSS</td>
<td>Dysphagia After Laryngectomy</td>
</tr>
<tr>
<td>My Neck of The Woods</td>
<td>Don Renfro</td>
<td>Life on The Other Side</td>
</tr>
<tr>
<td>This Lary Life</td>
<td>WC Baker</td>
<td>Enumerator</td>
</tr>
<tr>
<td>The Agony &amp; Ecstasy</td>
<td>Dr. Branton Holmberg</td>
<td>Chapter 14 “The Sam ‘n Me Adventures”</td>
</tr>
<tr>
<td>From The Archives</td>
<td>Tom Whitworth, Noira Sheahan</td>
<td>Damaged Goods</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The Leaky Bucket</td>
</tr>
</tbody>
</table>

*Photo CC by HMikeccow*
Greetings, my friends,

It’s pretty difficult to write anything these days without acknowledging the “elephant in the room” or the multiple problematic animals in the room but I’m going to try! Here in the US it is the week before our Thanksgiving and for many of us it has always been a favorite holiday since it is mostly about food and being thankful. However, like many of our treasured traditions it has taken a few hits recently as we learn the story of the Pilgrims and the Indians getting together to celebrate friendship wasn’t quite accurate. And this, as they say, is neither the time nor the place to address that either.

Nevertheless, can we, at least, talk about the food?

According to what traditionally is known as “The First Thanksgiving,” the 1621 feast between the Pilgrims and the Wampanoag at Plymouth Colony contained waterfowl, venison, lobster, clams, berries, fruit, pumpkin, and squash. William Bradford noted that, “besides waterfowl, there was great store of wild turkeys, of which they took many.” (Wikipedia)

Many of those same foods are part of our modern Thanksgiving bounty although that menu has been expanded and enriched as our table has expanded to include a more and more diverse family. Turkey is traditional but I know families who don’t consider Thanksgiving complete without lasagna and meatballs, with “gravy”, of course or roast pig or macaroni and cheese. As a Mainer I have a few “must haves” myself although I have relaxed my standards over the years! I recall one time, many years ago, I had Thanksgiving with a boyfriend’s family instead of my parents (who had absconded to Florida as snowbirds) and much to my dismay there were no creamed onions, no mashed turnip, no homemade pickle tray and worst of all NO Indian Pudding with mounds of freshly whipped cream....this was simply not Thanksgiving Dinner!! I kept my feelings to myself but I was sorely disappointed.

No one but me eats Indian pudding anymore but I may make one this year just for old time’s sake. Here is a link should you want to learn more about this iconic New England dessert and try it yourself or email me. I’ll give you my mother’s best recipe!


Like many of us I have developed swallowing issues over the years and so I can’t easily enjoy many of the foods I did in the past. However I have discovered that we can eat vicariously so I enjoy revisiting some of these culinary memories. I recently discovered a great fun show on Netflix called “Somebody Feed Phil”. He is such a goofy guy but watching this I get to travel and eat and laugh (all great pandemic diversions). I even dance around the TV to get in some extra steps since the music is by a great group “Lake Street Dive”.

https://www.youtube.com/watch?v=Zv29Sjt7LnA

So as we all sit on our couches, contemplating our leftovers and keeping a stiff upper lip, let’s remember those great feasts in our past and try to recreate them at home if not on our plate at least in our minds. Lots less calories that way, too!

Until we can be together again... read this issue! Lots of good stuff from folks who are all in the same boat.

Take care, stay well, stay sane and eat well!

Donna McGary
Happy Birthyear!

Writing this time has been particularly difficult. I’m sure I started in at least five different directions only to end up right here with what distracted me. It’s my birthday! In years past, most of them anyway, I never made a big deal of it, even when others did. Generally, I would say things like I don’t feel any older, I don’t feel different. It’s just another day. Of course, as a dad and grandpa, I would end up enjoying the day with all the special focus on just me – Tom, Dad, Tibo, & Poppy. I guess I didn’t put a lot of value on birthday celebrations probably because, like most of us, I took life itself for granted. As with many of us, that changes as we get older. We come to appreciate birthdays more. Here in Laryland, it’s a much bigger deal than that. It becomes no more a celebration of just one day, but truly a celebration of life itself. It’s more like Happy Birthyear! Check off another one- You made it! Hell yeah! I made it and getting here has not been easy but it has been worth every trial and tribulation that has me in this place. We can let our time with disease get us down, limiting our ability to experience joy, and letting, you know “the thing” define us. We can also choose, yes choose, to go another route and see our past as passed and each new day a new “present”.

Having been born this close to Thanksgiving Day, in recent years and in this one I find myself not thinking in terms of birthday cakes and balloons, but rather just basking in gratitude for just being here and having the full, rich life that I do. At 63, I am in better health than I was at 43. I find myself now doing things I never expected and also doing things I always dreamed of or yearned for in the past. I awaken some mornings to the thought that I am living in the midst of some of those dreams. I continue to do things the doctors had me believing were no longer possible. They painted a picture of a decent little life, but one that was severely limited. I remember being more upset over no longer being able to sing than no longer speaking, at least I knew it to be.

Two years following total laryngectomy and radical neck dissection, I returned to singing and rejoined my church choir of decades. I will always remember walking back into the choir room, which I had avoided, only to see that my music slot had not been so much as touched, even though it occurred to no one, including me, that I would ever be back. During this season of COVID, we have recorded a weekly sing along for our You Tube channel, and there I am in every one of them, singing solo either in a Zoom call or recorded alone. I think my favorite is my rendition of the national anthem around the 4th of July. Is it the same? No, but it doesn’t have to be. I remember an old AVIS Car Rental motto, “When you’re number two, you try harder”. It does take more effort, but it works. Though maybe with a slight disadvantage, I don’t consider myself or any of us second to anyone. Rather, we are each in first place with having survived and arrived at this day.

Back when I was 17, I talked to my pastor about ministry as a career. He actually discouraged me and shared with me that he had told my mother I would be the one of her three children who would “be rich”. Though there have been some lucrative years, I have have generally laughed about that until I realized how rich my life is. I continued to hold on to that calling , even throughout Navy and accounting careers. Though often on the back burner or maybe even frozen, the thought pattern and the vision of that never fully went away.

Last year, I saw a need to help small churches who were in-between pastors and having a hard time attracting one. I pondered how difficult it is in our denomination to not have a person in that role to preside over church government meetings. I certainly wasn’t thinking of preaching but of helping by presiding over such meetings until they found someone long term. When I inquired, I learned that a class was being put together to prepare people for such part time responsibilities. It snowballed.

I completed the program and am now qualified to fill in, supplying pulpits and even serving as the regular pastor for very small churches in need. It is considered mission work. I have already preached and led worship at my own church a couple of times and am told it was good. I will very likely be plugged in as pastor of a small church sometime in the next two months. It will be a very part time thing, Sunday morning only and a little time to prepare for it. My approach, I am sure, will be to help people to be positive about life and learn how to enjoy each day for what it is- a gift. I can see it now on a church sign “Come hear our cordless preacher!”.

Happy Birthyear, my friends!

Enjoy, laugh, and learn,
Tom Whitworth
WebWhispers President
Total laryngectomy (TL) is commonly performed as a treatment for laryngeal cancer. Many laryngectomees today undergo pre-or post-surgical chemo-radiation or complicated resections and reconstructions, which have well-known impacts on tissue integrity, healing, rehabilitation and functional recovery. Dysphagia, or difficulty swallowing, is a common complaint after laryngectomy. Estimates of incidence range from 17% to 70% depending on the criteria selected for swallowing impairment. Dysphagia after TL may result from impairment in any of the three commonly described “phases of swallowing” – oral, pharyngeal, or esophageal.

Most education, evaluation, and rehabilitation is focused on oral and pharyngeal problems after laryngectomy. However, esophageal dysphagia can occur either because of the medical treatments provided or totally unrelated to the cancer management. Therefore, laryngectomees should be aware of symptoms of esophageal dysphagia, and professionals should comprehensively evaluate all phases of swallowing when dysphagia is reported to ensure prompt and accurate diagnosis and treatment.

Head and neck surgeons and speech language pathologists commonly evaluate swallowing complaints. A thorough clinical interview can identify symptoms of esophageal dysphagia and assist with choosing the appropriate testing. Common complaints that may indicate an esophageal problem include sensation of food hang-up low in the throat or in the chest, slow food passage through the chest, regurgitation of food or liquids after eating, pain when swallowing, heartburn, reflux, belching, shortness of breath or coughing when eating.

Because laryngectomy involves a permanent separation of the airway and the esophagus, aspiration of material into the lungs is not possible unless a tracheo-esophageal (TE) fistula or voice prosthesis leakage occurs. Laryngectomees are familiar with TEP leaking causing cough when swallowing. A TE fistula is a serious complication requiring immediate attention that occurs when a hole develops between the esophagus and the trachea that permits swallowed food and saliva to enter the lungs usually resulting in a strong cough. (Fig.1). If you have some of these symptoms, report them to your doctor.

**Figure 1. Tracheo-esophageal fistula causing aspiration into the lung.**

Esophageal dysphagia can occur after laryngectomy for many reasons. One of the most common issues is stenosis (narrowing) where the pharynx meets the esophagus after surgery (Fig. 2). One recent study reported an incidence of 22.8% at 5 years, meaning almost 23 out of every 100 laryngectomees have narrowing requiring treatment within the first 5 years after surgery. Risk factors include chemoradiation (CXRT) before or after surgery, a hypopharyngeal tumor, female gender, complex surgery, and post-op complications.

CXRT can cause tissue to become stiff and fibrotic with poor blood supply that causes scarring and narrowing of the food passage. Surgical reconstruction can affect how the area heals and result in narrowing. Dilation or stretching the area can be effective in opening up that segment. Resolution of simple strictures may require only 1 or 2 dilations, whereas more complex or tight strictures may require multiple dilations. Laryngectomees can learn to self-dilate the narrowing at home if long-term dilation is needed to maintain the opening for safe and enjoyable eating.
Another problem that occurs at the pharyngo-esophageal junction is poor relaxation of the PE segment needed for food to enter the esophagus. This can occur intermittently, causing a backup of food in the pharynx and even into the back of the nose. Mild cases may cause inconvenience, but more severe chronic cases can be treated with Botox injection (chemically weakens the muscle) or myotomy (surgically cuts the muscle).

The vagus nerve provides innervation to both the larynx and upper esophagus. If it is affected during surgery, weakness in the upper esophagus can occur causing food to hang-up there. No medical treatment is available but eating strategies such as alternating bites of solid with liquids, thinning foods, or swallowing a bite of food with a sip of liquid simultaneously can limit this problem.

Esophageal pathology is very common in individuals treated for head and neck cancer. A 2010 study by Farwell and colleagues revealed 87% had an esophageal finding during endoscopy. These included peptic esophagitis (63%), stricture (23%), candidiasis (9%), Barrett metaplasia (8%), gastritis (4%), and carcinoma (4%). Researchers suspect there are many esophageal changes after treatment for head and neck cancer including changes in bacterial flora, mucosal injury from chemoradiation therapy, fibrosis, and/or xerostomia and causing changes in esophageal pH. Altered saliva production after XRT may fail to protect the esophagus from damaging acid reflux. Chronic tobacco and/or alcohol exposure may predispose patients to chronic esophageal pathology. Unfortunately, laryngectomees are at higher risk of developing another cancer in the pharynx, esophagus, or chest. Routine screening for esophageal disorders is important for detection of benign or more insidious diseases of the esophageal after TL.

Of course, there are many esophageal disorders that can affect swallowing totally unrelated to laryngectomy. These can be caused by anatomical or muscular abnormalities that prevents smooth food passage to the stomach. If you have any of the symptoms described above, discuss with a gastroenterologist. Testing may include x-ray imaging, endoscopy, manometry (pressure testing), or pH testing to identify and treat the problem. X-ray images of common disorders are shown below including (a) hiatal hernia, (b) achalasia, (c) peptic (acid reflux) stricture, and (d) Schatzki ring. All of these can cause difficulty swallowing. Therefore, it is important to discuss any swallowing changes with your physician at your regular cancer surveillance appointments.

Swallowing problems can occur anywhere in the swallow tract from the mouth to the stomach. Laryngectomees are at risk for swallowing problems in all phases. Although oral and pharyngeal issues are most common after TL, don’t forget the esophagus. Thorough assessment of all aspects of swallowing can ensure accurate and timely diagnosis, improve success of treatment, and lead to more efficient and enjoyable eating.

Symptoms of esophageal dysphagia
- Slow food passage through the chest
- Lump in the throat sensation
- GI discomfort during/after meals
- Pain when swallowing
- Heartburn or chest pressure after eating
- Regurgitation after meals
- Belching during/after meals
- Shortness of breath or coughing when eating
- Excessive mucus, water brash, bleeding
Life on The Other Side
By Don Renfro

“We must pass through the darkness, to reach the light.” – Albert Pike

This quote provides me with a rare opportunity to truly embrace the darkness I experience in my life. If this year 2020 can be considered a darkness, then there should be some serious light awaiting us on the other side of this darkness. With this belief I am left in high anticipation of what I will find waiting for me after having passed through 2020, possibly one of the darker years of my life.

What makes this year dark for me is that since becoming a person with a laryngectomy I have been forced to redefine my life as I know it. If I did not recraft my belief system about myself, I would find myself on the losing end of a comparison of what I had and what I have.

I had since becoming a person with a laryngectomy, learned how to explore new horizons in my life, many times without a voice. I remember the first time I went to a restaurant alone. I had a fistula and was unable to use my TEP. I truly felt so rewarded after leaving the restaurant having had a good meal and having been able to communicate efficiently with the server.

I have always liked film festivals and have been attending one regularly since before I had my laryngectomy. I had found I could attend even with an unpredictable voice and the coughing spells I sometimes experience, even in a quiet theater at times.

I absolutely love with a passion attending CicLAvia. I had began attending this event several years prior to my surgery. CicLAvia is an event here in southern California. The streets where the event is held are closed to vehicular traffic and opened only to cyclist, pedestrians, skaters and other non-motorized traffic for the day. Each event is held at a different location throughout southern California in the greater Los Angeles area. I would ride my bicycle and truly looked forward to participating in the event every other month.

All these and other activities were what I used to develop a “new normal” for myself to keep my life enjoyable. Especially since after my surgery I was not able to return to work and ended up retiring. These activities provided enjoyment in my life that I found very enriching. When the pandemic began to really effect our daily lives, around mid-March, these activities ceased to exist any longer. The very tools I had discovered to create a life that provided me with a means to live were suddenly gone, in many cases without warning.

Truly alone and isolated from others, I live alone, I now was presented the opportunity to see the darkness. Fortunately for me I have always been a person familiar with being alone and therefore my world was not turned upside down but instead it was simply different. But this was still a darkness for me as the tools I had created to enrich my life since my surgery were now a moot issue and no longer available.

Now I have the task of going through the darkness, without the tools I have created that bring enrichment to my life to see the light on the other side. At some point in my life, when I was younger, I thought darkness was only darkness and there was no other side. Once dark, it would always be dark and there was no other side. The liberating freedom of my thinking today is the knowledge that “this too shall pass”.

Coupled with the belief that when it does pass there will be light on the other side. I have recently read an article titled “25 Positive Home Changes That Will Stay After the Pandemic”. The article listed 25 different things we may have engaged in because of the pandemic that we may continue to engage in well after the pandemic is over.

For me some of the activities mentioned that I will probably continue are do-it-yourself projects around the house, rediscovering my yard through working in it and keeping on top of cleaning. This means I have discovered new activities that improve the quality of my life. For me this is the light on the other side of the darkness.

Some of the activities I had discovered prior to the pandemic may never return and others that do return may return in a slightly different version. So, the light I reach upon passing through the darkness may shine on a life that is different than I had known in the past. That is called change and change can be a good thing. This month I will leave you with another quote that I feel closes this article well.

“Tough times never last. Tough people do” – Robert Schuller

Something to think about as we navigate this pandemic.
 Enumerator
W. C. Baker

Is it just me, or does the thought of S&M pop into mind when you hear the word Enumerator? Maybe I should wonder why it popped into mine. There is probably some quantum of masochism associated with any job, but it’s not the S&M kind. Back in February, a friend mentioned that he was applying for a job as a census taker. That sounded like a fun way to make some extra money. I had the time, why not do it. I didn’t really think about it much until my application was accepted. When it went from whimsy to reality, I became somewhat apprehensive.

When I finally rang my first doorbell, my jaw was clenched so tightly that I was getting cramps. In the course of my long life, I have held positions with considerable responsibility. I have worked comfortably with people of all economic and social classes, yet here I was, full of nerves anticipating my first interview. I’m sure I would have settled down if it had been a “normal” situation. I rang the bell and the bell spoke to me, “Can I help you?”. I introduced myself according to protocol and the bell spoke to me, “I submitted my census forms in March”. Were you at this address on April first, I asked? And the bell spoke to me, “No, I was here on April first”. “Sir?”, I asked, understandably confused. The bell informed me that he was speaking from Corvallis, Oregon, he used the apartment with the bell, only when he was in San Rafael. I thanked the bell and returned to my car to complete the process. I had to return to the bell twice to answer some queries that I had not asked, I’m sure to the consternation of my unseen subject. None of this was covered in training and I had handled it poorly. It did not improve my confidence.

Most of my early tries found no one at home. I left a “Notice of Visit” form and moved on. My first face to face interview was quite pleasant and put me in a much better mood. I had several of those in the course of the day, but I also had a couple of situations that were less than wonderful. First, coming off a good interview, I was almost jaunty as I approached a house with the front door open. When I was about 20 feet from the door, a very large, very loud dog questioned my presence in his residence. Maybe he was questioning my right to exist, I don’t know. I slowly backed away and was happy to find that the dog was very well behaved. He defended his territory and let me retire with all the dignity I couldn’t muster.

I found several interviewees working from home. For the most part, they went well, but in one case I arrived about 5 minutes before a conference call. Seeing the difficulty, I was having typing information in the Field Capture Device, an Apple I phone provided for the purpose, he quickly wrote down some information for me to enter at my leisure so that he could get to his conference call. Major confession here: He didn’t have all of the information I needed. I had to guess for one of the questions regarding ethnicity. He had a very Irish name. I’m sure that is frowned on. I just hope it isn’t felonious.

For the most part, people were pleasant and cooperative, even helpful. The exceptions, however, were egregious. After driving up one of San Rafael’s high-rent hills, I parked in a tiny space down by the garage. There was nothing at the gate that enabled communication with the house and nothing to inhibit my approach up the stairs to the front door. I didn’t make it that far. After climbing 32 steps I could see through a large window, a woman in the house on her phone. I held up my big blue CENSUS bag and smiled broadly through my mask. She sprang out of her chair and rushed to intercept me before I got to the door, screaming “get off my property! I’m calling the police! Get out of here!” etc. She followed me down the stairs, screaming all the way. I’m very glad she didn’t have a gun. A couple of people simply slammed the door, but these were rare exceptions. Generally, people were friendly and I enjoyed the interactions.

It wasn’t easy, using my thumb to speak with my TEP through the mask, and typing information into the FCD, but I had no real problem with it, at least not until I lost the valve on the prosthesis. I don’t know how or when it happened, but basically, I had an open conduit from my esophagus to my trachea. I put a plug in it, but couldn’t talk well enough to keep on enumerating. The air quality wasn’t too bad yet, but I did want to keep my stoma covered. I simply poked the plug through my stoma cover and into the TEP. I looked like I had a wind-up key sticking out the middle of my neck. It took 5 days to be able to get it changed at the San Francisco VA. I had to make the appointment and then get COVID tested before I could get into the clinic. I could have declared it an emergency, but it wasn’t really.

By the time I could get a functional TEP, we had middle of the night lightning storms that started fires all over the Bay Area, including one at Pt. Reyes, where Marilyn and I had had a birthday dinner. The smoke and the job-related angst were just too much, so I resigned my position and went up to Seattle for a while to spend time with family and friends. Seattle, one of my favorite places in the world, was clear and I was rejuvenated. When I returned home, the air quality was sufficiently bad to kill any thought of returning to enumerating.

Giving up the job with the Census was really difficult. It represented a confrontation with and a concession to age, something I had been happily denying for years. So, here I am, once again enjoying my denial, but now a tad less comfortably for having been an Enumerator and being reminded that I am not now, never have been and never will be as young as I used to be.
Chapter 14 “The Sam ’n Me Adventures”

My first venture into fiction writing was developing the Sam ’n Me series of adventures. I’d always found fascination with cowboy lingo and created the character of Gramps, a cowpoke, to narrate adventures he and Sam get themselves into. The initial stories are set in the time frame of the late 1800’s and move on from there.

Gramps is modeled after the sidekicks of the western heroes I enjoyed at the Saturday matinee movies and on the radio serials of my childhood. Gabby Hays was one such sidekick and starred with Roy Rogers and Gene Autry. He’d earlier starred with Hopalong Cassidy as his sidekick, Windy Halliday.

Gabby had a real knack with cowboy lingo. I decided to use my style of that lingo through Gramps in hopes those who read the stories I’ve written will get a hint of how rich and colorful the jargon is.

I’ve used myself, my wife, my children and their spouses, grandchildren, great grandchildren and dearly loved friends such Nolan Norman, Jack Crawford, Maury Pettit and David Dillard among others as models for characters in my stories. I’ve also modeled characters after many people I’ve disliked. I remember reading somewhere a long time ago it’s easiest to create characters around people you’ve seen the behavior of.

That strategy has allowed me to create imaginary characteristics for each individual in the stories I’ve written. It’s allowed me to embellish them with capabilities and actions that thrill me as I create them, even those with evil intentions. It sets my imagination on fire as I take us into each new intriguing, life threatening adventure.

The first fiction story I wrote was “The Monastery Treasure”. It starts with Sam, Samuel N. O’Brien (a fictional name for my grandson), as a young man who’s developed a talent for solving complex problems others have failed to solve. His sidekick, Kieth H. Brant (my fictional name), is 6 years older when they meet and that’s how Sam comes to call him Gramps. They form a life-long partnership that takes them through a series of 47 adventures each of which gets them into situations that can result in huge rewards but threatens their very existence as they try to secure those rewards.

“The Monastery Treasure” led to a trilogy of stories involving two more monastery treasures. The secret of the first treasure is contained in the coded language of a monastery record book Sam’s nefarious relative, Uncle Timothy O’Brien found while working on the railroads in the American southwest. Uncle Timothy couldn’t solve the mystery of the codes used by the monks to describe the location of their hidden treasure and seeks the help of his nephew.

Sam not only discovers the secret in the record book his uncle gives him, but finds there are more treasures in other monasteries, each of greater value than the one before it. He has to solve the codes the monks used in each of three record books to find them.

My childhood years of hiding out in the library and reading one amazing book after another, religiously going to the Saturday matinee movies and listening to hundreds of hours of radio shows laying in front of our old Sears & Roebuck Silvertone radio created the background for what my imagination now produces. I still have that Silvertone radio by the way.

Fiction writing has been an amazingly fulfilling experience. If I could time travel, as I do as a character in my stories, I’d love to go back and confront Miss Light with what I’ve produced these last few years.
Come to think of it, I’d love to go back and shake my doctoral degree in the face of the veteran benefits counselor who told me I was not college material and needed to find a career that didn’t require a college education.

On the other hand those experiences are undoubtedly critical links to who I am, and what I do today.

Rather than showing you the “The Monastery Treasure” which is the beginning of my Sam ‘n me series, I’ve selected an adventure near the middle.

This is where I begin to delve into mystical powers Sam and Gramps discover in Merlin’s Book of Magic. It’s where the animosity grows in staggerin proportions between Sam and his growing band of partners, and Uncle Timothy’s band of cutthroats seeking revenge for what’s been done to them.


Tom Whitworth wrote a column back in December 2018 called Damaged Goods in which he shares the tale of the Leaky Bucket. Noirin Sheahan, of the Mindful Lary wrote a column a couple months later in March 2019 about her take on being the Leaky Bucket. Both are worth reading again especially during these days when we can all benefit from some uplifting and inspiring perspectives.

Damaged Goods?

In this new world of ours, I have so often come across people who are beating themselves up over head & neck cancer, especially we laryngectomees and others whose natural voice was taken by it. Not everything we deal with has to do with voice and communicating. Frustration with changes in physical appearance are pretty much universal in Laryland. Online and elsewhere we encounter those focused on such things, who feel they are damaged goods, will never be like they were, feel minimized, useless, and even ugly. I suspect each of us has felt that way at some point. Piggybacking on their choice of words, I often respond privately with something like “if you are damaged goods, so am I. I assure you neither of us is! “. Though we may struggle with finding it, I truly believe we are spared for a purpose. The story below says it better than me.

The Broken Pot ~ Unknown

A water bearer in India had two large pots, each hung on an end of a pole which he carried across his neck. One of the pots had a crack in it, and while the other pot was perfect and always delivered a full portion of water at the end of the long walk from the stream to the master’s house, the cracked pot arrived only half full.

For a full two years this went on daily, with the bearer delivering only one and a half pots full of water in his master’s house. Of course, the perfect pot was proud of its accomplishments, perfect to the end for which it was made. But the poor cracked pot was ashamed of its own imperfection, and miserable that it was able to accomplish only half of what it had been made to do. After two years of what it perceived to be a bitter failure, it spoke to the water bearer one day by the stream.

“I am ashamed of myself, and I want to apologize to you.”

“Why?” asked the bearer. “What are you ashamed of?”

“I have been able, for these past two years, to deliver only half my load because this crack in my side causes water to leak out all the way back to your master’s house. Because of my flaws, you have to do all of this work, and you don’t get full value from your efforts.” the pot said.

The water bearer felt sorry for the old cracked pot, and in his compassion, he said, “As we return to the master’s house, I want you to notice the beautiful flowers along the path.”

Indeed, as they went up the hill, the old cracked pot took notice of the sun warming the beautiful wild flowers on the side of the path, and this cheered it some. But at the end of the trail, it still felt sad because it had leaked out half its load, and so again the Pot apologized to the bearer for its failure.

The bearer said to the pot, “Did you notice that there were flowers only on your side of your path, but not on the other pot’s side? That’s because I have always known about your flaw, and I took advantage of it. I planted flower seeds on
your side of the path, and every day while we walk back from
the stream, you’ve watered them. For two years I have been
able to pick these beautiful flowers to decorate my masters
table. Without you being just the way you are, he would not
have this beauty to grace his house.”

Now, go water some flowers.

Enjoy, laugh, and learn,
Tom Whitworth WebWhispers President

The Leaky Bucket

I liked Tom’s ‘Leaky Bucket’ story from the December issue
which he had remembered when another laryngectomee
said he now thought of himself as ‘damaged goods’. The poor
old leaky bucket also felt like ‘damaged goods’ until the man
carrying the bucket pointed out all the flowers that had grown
along their path because of its trail of water drops. So we don’t
have to think of ourselves as ‘damaged goods’. We just work in
a different way now – not in such an obvious and straightforward
way as before; perhaps so subtly it takes someone else to point
out how we benefit others.

When I took up meditation teaching again, about a year
after laryngectomy, I found it hard to believe that anyone
would choose a meditation teacher with a robotic voice. For
meditation guidance, you normally want soothing tones, and
the quiet atmosphere of a meditation room contrasts so sharply
with the squawk of an electrolarynx. Whether it was out of
loyalty or compassion I don’t know, but quite a few people came
on my first retreat, and I asked them afterwards if they would be
willing to write something for the centre’s website which might
help others to think about the pros and cons of coming on a
retreat led by a laryngectomee. They all gave positive feedback
and these excerpts in particular relate to Tom’s ‘Leaky Bucket’
story:

“I do miss Noirin’s voice but I want to embrace this new voice and its
technology and feel glad that she is still up for encouraging us on this
path. How can we be anything but inspired?”

“It is a reminder of the impermanence of the faculties. Speech, sight,
hearing, moving about – we take them for granted, and perhaps don’t
use them as we should. A teacher who is unperturbed and continues to
work as usual impresses one with the sustaining nature of the path,
which does not change with circumstances. I hope the example will
teach me to use the gift of speech wisely and not too often.”

“There was that wonderful testimony that when something tragic
happens we can all rally and something quite wonderful fills the loss.”

I had really needed to hear this positive feedback, being one
of those people who easily fall prey to self-doubt. I find it
much easier to feel proud of my abilities than to trust that my
limitations might inspire or touch others. But obviously they do.

Despite all this feedback and wise reflection I have to admit
that a large part of me would still prefer to be the well-sealed
bucket rather than the leaky one! I suppose it’s only natural –
which of us doesn’t want to feel able, independent, successful?
We were all brought up on fairy stories. Tell me one of these
where the princess ends up breathing through her neck, unable
to speak?

It takes humility to appreciate the kindness and compassion our
slow awkward speech might draw from others. But these are
the flowers that the ‘leaky bucket’ of laryngectomy is watering
as we go about our daily lives. Kindness, patience, compassion,
humility. Not showy flowers – they don’t call attention. That’s
probably why we don’t value them as deeply as we should.

I’m glad to have a meditation practice to sustain me through the
challenge of laryngectomy. When I relax and let attention dwell
on present experience, stories of success and ability quickly fall
away. In fact all the stories of ‘me, a laryngectomee’ and ‘you,
who speak so fluently’ and ‘what I achieved’ and ‘what I need’
all lose their footing. They start up but finding no nourishment,
fall silent again. What’s left in the silence are those unobtrusive
flowers of kindness, patience, compassion. The next moment
my habitual acquisitiveness starts composing stories about ‘my
kindness’ or ‘your compassion’. It’s like grabbing the flowers,
trying to bunch them up into a bouquet for the world to admire.
It doesn’t work! The flowers quickly fade.

Very humbling! But it’s good to be developing an aspect of life
which is not affected by stories of laryngectomy, fluency, success
or failure. An aspect of life which does not differentiate between
leaky buckets and well-sealed ones. And, in the end, won’t all
buckets start leaking?

Noirin Sheahan

WebWhispers is an Internet based support group. Please check our
home page for information about the WebWhispers group, our email
lists, membership, or officers. For newsletter questions, comments or
contributions, please write to editor@webwhispers.org

Donna McGary Managing Editor • Kim Almand VoicePoints Editor

Disclaimer: The information offered via WebWhispers is not
intended as a substitute for professional medical help or advice
but is to be used only as an aid in understanding current medical
knowledge. A physician should always be consulted for any health
problem or medical condition. The statements, comments, and/
or opinions expressed in the articles in Whispers on the Web are
those of the authors only and are not to be construed as those of
the WebWhispers management, its general membership, or this
newsletter’s editorial staff.