

The Territory and the Map: Episode 2

NAVIGATING LEAKLAND

INTRODUCTION

[00:00:24] **Andi Buchanan:** Hello, and welcome to episode two of the Territory and the Map. I'm Andi Buchanan, author and executive director of the Spinal CSF Leak Foundation. And with me is Dr. John Reiman, a trauma therapist who also experienced a spinal CSF leak.

[00:00:38] In this podcast we talk about spinal CSF leak in ways we usually aren't able to, moving beyond the map of symptoms and facts and firmly into the territory of lived experience.

[00:00:50] Before we get started today, it's important to note this podcast is educational in nature and not intended to be a substitute for or construed as medical advice or individual therapy. Today we're continuing our previous conversation and discussing strategies and practices for navigating life in, as Dr. Reiman calls it, Leak Land.

[00:01:13] **Dr. John Reiman:** So as we get started, a very important front-end couple of comments. When I was miserable in and around Leak Land, I suspect the very last thing I might have had bandwidth to hear was someone's ideas about helping and my experience. I'm here as a fellow recovering leaker. Not pretending to have answers, not to add to a to-do list for anyone or to paper over pain with Pollyannish propositions.

[00:01:49] My objective here is simply to serve as a resource drawing from 40 years working as a trauma psychotherapist. Also, from my own experience leaking and from the experiences of others I've treated. Your job is to see if anything possibly useful emerges. Please don't take on anything I say without first running it through your own gut and intuition.

[00:02:18] **Andi Buchanan:** Note that today we're going to be talking about the experience of having a spinal CSF leak. It's important to practice self care, so if you find this too difficult or too close to home, it's fine to stop listening.

[00:02:31] We also cover a lot of ground in this episode today. So feel free to pause, replay, or even listen a second time if necessary. You can also visit spinalcsfleak.org/podcast for a transcript of today's episode and notes about some of the things we mention.

[00:02:49] **Dr. John Reiman:** So let's step into the first of several navigation tools. And navigation is a word I'm using to describe where we're going in this podcast

because navigation is a process. It's not an outcome. And recognizing that we're dealing with a process is pretty important.

A first navigational tool: An invitation

[00:03:10] **Dr. John Reiman:** So the first navigation tool is something to try to remember: an invitation for an act of self-compassion

[00:03:19] So when I was leaking, I ended up hanging prominently where I could see it, a sign, and the sign said, "Things are as they are right now, painful and frightening, and I don't want things to be this way. Today, right now, in this very moment, where and how might I offer myself even the very tiniest bit of ease, mercy, compassion or kindness within or around this experience just exactly as it is?"

[00:04:00] The invitation for an outside the box, simple, even minuscule act of self-compassion like this can really be helpful and actually can have biochemical and biophysiologic benefits, specifically facilitating the release of oxytocin, which in turn increases feelings of safety and calm.

[00:04:26] The invitation for an act of self-compassion— it's not to turn my life around. It's not to lessen the pain. It's not to feel better or even to change anything, [it's] just to do something with the intention if only for a millisecond. To bring this leak-battered body-mind a wisp of respite. Nothing earth-shattering or world-changing, but a simple, fundamentally human gesture to the self.

[00:05:00] **Andi Buchanan:** Two things really strike me here. One the "momentary act", as you put it—it seems like such a small thing, this pausing to acknowledge or however briefly accept what is, and yet it can really make a difference both in that moment and longer term. And, you know, sometimes the advice we're given can feel like such a heavy lift, like it's just too big or too impossible beyond our capabilities.

[00:05:26] But you're talking about just a moment, a thing you can do for one second for yourself, and when you're in pain and struggling 24/7, a moment can feel as big as forever. So, finding that one small moment of grace, taking a moment to allow yourself to feel something else, can be huge.

[00:05:45] And secondly, that other word you used: an invitation. It's not a command, as you said, you're not demanding something or forcing anything. You're just inviting yourself. You're opening yourself up to an element of curiosity, like: what could happen if I took this moment, just this one tiny moment, and looked at it differently or gave myself a break or allowed myself some compassion? And an invitation, you know, can always be politely declined or taken up another day.

[00:06:18] And that to me helps lessen that pressure of "what if I do it wrong," or "what if it doesn't work," or "what if this doesn't even matter?" —you know, it's just an invitation. It's open-ended, available to me at any time.

[00:06:32] **Dr. John Reiman:** I really like what you've added here, and setting the table for what's to come, I want to note an experience that some folks have around answering this invitation positively in terms of doing something to ease what's going on.

[00:06:51] A lot of folks carry with them a belief of, "I'm to blame for this," and I know that in Leakland, that's not an uncommon self-belief.

[00:07:05] The reason I'm raising it here is that if that belief is operational in the background, one is less likely to offer oneself even the tiniest bit of mercy, compassion, or kindness. We're going to step into this particular belief a bit more in the section to come.

A second navigational tool: Four Steps to Chill Unhelpful Recycling Thoughts

[00:07:27] **Dr. John Reiman:** So on now to the second piece, which I'm going to call Steps to Chill Unhelpful Recycling Thoughts.

[00:07:39] **Andi Buchanan:** And to be clear, you don't mean recycling as in, you know, doing something nice for the environment. You mean recycling as in the kind of thoughts we just think over and over. Right?

[00:07:49] **Dr. John Reiman:** Right. I think the common thing might be that the recycling thoughts, I think they could go to the landfill like everything else, but they could go to the landfill with some compassion behind them .

[00:08:02] So, I want first to name that these unhelpful recycling thoughts, where do they come from? They come from a number of sources. They are, for those of us who work in the field of trauma, these unhelpful recycling thoughts are a function of a thinking mind under stress. This is what the mind does. It starts to recycle unhelpful thoughts under stress, and often, and to varying degrees in Leak Land, these unhelpful recycling thoughts can also be a consequence of cognitive functioning with or following a leak.

[00:08:46] So, some thoughts and beliefs about the self, are helpful, and the simple question about these recycling thoughts is, "is this thought or belief helpful?"

[00:08:59] If it feels in some way helpful, I'm gonna keep it. If not, and it seems like I'm on a rat or mouse wheel, going in interminably round and round with a thought,

here's a four step momentary exit ramp, adapted from a quite powerful evidence-based therapy called Acceptance and Commitment therapy.

[00:09:23] It'll be four steps and I want to take the particular belief that not all of us will have, but that many of us lacking will at some point have, which is, "I'm to blame for this."

[00:09:42] **Andi Buchanan:** And we'll include a reference to this in the show notes on this episode.

[00:09:47] **Dr. John Reiman:** So if I am on this rat and mouse wheel going round and round with this thought, "I'm to blame for this," how can I get off this ride? So the first step, I'm going to call self-liberating from fusion.

-Step 1: Liberating from fusion: Notice you're having a thought

[00:10:05] **Andi Buchanan:** Now what is fusion?

[00:10:08] **Dr. John Reiman:** Fusion would be where I am literally fused to a thought. In this case, the thought, "I'm to blame for this." I take that thought as absolutely true about what's real, what's important, what's wise—

[00:10:25] **Andi Buchanan:** it's just a fact.

[00:10:26] **Dr. John Reiman:** It's a fact. Thank you. That's great. It's just a fact. I become fused to a fact. And the first step is one where we get to defuse from this alleged fact. And the way we do that is by noticing that this is a thought.

[00:10:51] So, for example, if I'm round and round on the wheel and if I can say to myself as far as this first step goes, "I notice I'm having the thought that I'm to blame for this," look what happens. I introduce my observer self, and when the observer self comes online, that thinking round and round and round process gets interrupted.

[00:11:25] **Andi Buchanan:** Right, right. Yeah. You can identify it as a thing that you are thinking rather than a fact that just exists.

[00:11:32] **Dr. John Reiman:** Exactly, yes. If I can recognize that it's a thought, I'm for a moment no longer living that thought as the truth, as my reality, as absolute fact.

[00:11:49] **Andi Buchanan:** Right, right. So that's a very important step.

[00:11:53] **Dr. John Reiman:** Huge step. Huge step, because as you can see, if the wheel is going round and round and there's no way of exiting, it would make sense that an alternative could be to just recognize that it is a thought that I'm going round and round and round with. And the second I recognize that it is a thought. I am exiting to some degree.

[00:12:20] **Andi Buchanan:** Yeah, you have some power over it.

[00:12:23] **Dr. John Reiman:** Well said, well said. Some people, after noticing the thought that "I'm to blame for this," or there's my "I'm to blame for this" story; some people will move to, "Thank you, Mind," as another piece. Now why would this make any sense? Really? I'm going to say to the mind that's spinning this "I'm to blame for this," which isn't helpful, I'm going to say to that mind, "Thank you, Mind"? Well, it's kind of interesting because this comment to the thinking mind really is born of, in a way appreciating that evolution has equipped us with a mind or with a tool that warns us of danger that has as its objective only to keep us safe.

[00:13:21] And so the "thank you, Mind" that I actually employed frequently was more like, "Okay, nice job, Mind. Thank you for sounding the alarm. Good work. You can stand down now. We've got this."

[00:13:37] **Andi Buchanan:** Yeah, exactly. Yeah. Your brain's just doing what brains do, right? It's, making a story. It's telling it to you over and over, because, like you said, sounding the alarm. So, yeah, I like that. It's saying like, "Good job. You did what you. Thank you for that." And it's also, I mean, it helps kind of cement that observer thing, too. Like, ah, it's not me, it's my mind. Right? It's my brain doing this thing. And then also, it's almost a way to sneak some self-compassion in there, right? Like you're giving your brain a little pat on its metaphorical back, you know?

[00:14:11] **Dr. John Reiman:** Yes, you are. You really are. There is some appreciation of what really, evolution-wise, has led us to be who we are in this moment because of that built-in warning system. So, good job, Mind!

[00:14:30] **Andi Buchanan:** Yeah.

-Step 2: Allow the pain

[00:14:31] **Dr. John Reiman:** Step one then is self-liberating from fusion. Step two is now, this is tricky. This is to willingly allow the pain. So if I'm ha if, yeah, I—

[00:14:45] **Andi Buchanan:** My reaction right away is, wait a second. Aren't we supposed to be like saying, no, no, no, we're blocking the pain?

[00:14:51] **Dr. John Reiman:** We are, we are, Andi, and saying no basically kind of rubs against a more fundamental truth, which is: what we resist persists. So, to the degree I'm going to fight it, I'm going to get further tangled up with it,

[00:15:13] **Andi Buchanan:** Right, right, right. Like it just adds to the pain to fight pain, which doesn't go away just from fighting it.

[00:15:20] **Dr. John Reiman:** Right. Now, what's tricky here is that it's easy for someone to hear this and say, Uh-uh, not me. I'm not giving into it. I'm not gonna—I'm gonna fight it. So hang with me while I just unpack this second step a bit.

[00:15:35] **Andi Buchanan:** Okay.

[00:15:35] **Dr. John Reiman:** Let's take the example of head pain, it could be located anywhere. This "willingly allowing the pain" has four steps to it. One, observe the pain. So when I observe the pain, I kind of, I'll just say what happened for me. I could often find some, uh, like a knot on the back in my occipital region. And for this, this step, I observe it and I just kind of notice and maybe even try to describe what it's like, what does it look like? What color is it?

[00:16:20] **Andi Buchanan:** It's kind of like you're engaging that observer mind again, right?

[00:16:25] **Dr. John Reiman:** Oh, thank you. Yes. Yes. It's engaging the observer mind. So, observing the pain: for me, I first observe it. Second, I breathe into it, and breathing into it, I'm going to use the word "aerate," a-e-r-a-t-e, to aerate the area. Now folks I've worked with misconstrue this as "air raid," a-i-r r-a-i-d, which is to bomb the area, that's like, no, this is breathing into it.

[00:16:59] And if you're going to sort of imaginably do it, it's locating the pain and even imagining the breath as I breathe it going through and through the area. Is it always possible to envision that? No, sometimes nothing moves, and at those times, the breathing into it might just end up breathing around it. It may not feel like it's going through.

[00:17:29] **Andi Buchanan:** Well, and I think even just thinking about breathing while you're in pain is probably helpful just because so often when we have pain, we tense up. Right? And we might not even realize that we're doing it, but, so just even thinking about breathing into that pain probably helps relax things in general, I would think. Yeah?

[00:17:51] **Dr. John Reiman:** Exactly. Yes. Yes. So I'm going to first observe it, then I'm going to breathe into it, and then what I'm going to do is, again, imaginably, I'm going to make space around it. I'm just gonna try to clear some space around it in my imagination. And then I'm going to allow it simply to be there.

[00:18:21] Now there's the seeming paradox. "Wait a minute, wait a minute. My head hurts it. I'm miserable. Allow it to be there?" Well, after I've observed it, breathed into it and created some space around it. Allowing it to be there can actually be kind of a relief that fighting it doesn't provide.

[00:18:49] And another question to ask is, if the attitude is, heck no, I'm not standing down to the pain, I'm gonna fight it. The next question is, well, how has that worked for you so far?

[00:19:04] **Andi Buchanan:** Right. How's that going? You know, maybe this will lead into the next step in this four-part process. But I'm reminded that— so a long time ago I had, a mystery illness, long before my spinal CSF leak, that now I think I understand what it was about, but at the time nobody knew what was wrong with me.

[00:19:23] And one of my constant symptoms was this kind of deep searing bone pain. It felt, it felt bone deep and it was just constant and it was really awful. And I did what I do, which is, I just kind of pushed through it, right? But I remember having this moment. I. I just let myself entertain it for a minute. I laid in bed in pain and instead of fighting the pain, I just allowed it, right? I allowed it to be there, 'cause it, it's there anyway, right? So, I don't know why I'm giving it permission to be there, but I guess I needed to because as soon as I gave myself over to it—that's how I thought of it at the time, giving myself over to the pain, letting the pain be there instead of fighting it—I felt so overwhelmed and it kind of opened a portal to me into all the grief and all the pain that I'd been holding in bay, you know?

[00:20:24] And at the time I didn't really have a tool for what to do next or how to contain that. I just recognized, or, or I was reckoning with the fact that like, oh, this pain is so big. So what happens after you allow this? What happens if you feel that kind of overwhelmingness? Is there a thing you can do to help stay present?

[00:20:48] **Dr. John Reiman:** Yes, and that will be actually the third step in the process. So the first was I notice I'm having the thought or there's my story. That's the first step. The second is I'm going to observe where the pain is. I'm going to breathe into it. I'm going to create space around it, and then I'm just going to allow it to be there.

[00:21:12] The third step is to come as present as I possibly can to this particular moment.

-Step 3: Grounding in the present moment

[00:21:22] **Dr. John Reiman:** Now, the way I'm going to do that is to use my senses, and I'm going to name two things that I can hear. Two things that I see. Two things that I taste. And so forth.

[00:21:41] So I'm going to, for each of the five senses, name something in the moment that I can ground myself with by connecting to what is truly happening in this moment. I'm going to come present to my sensory experience of the moment as different from my going around and round on the wheel, which I like to refer to as my virtual experience.

[00:22:19] So, I'll use the example of "I'm to blame for this," and I wanna just kind of go through what happens for me. I'll go through it.

[00:22:29] Okay. I'm having the thought. There's my story. Ah, okay. I observe it, I can breathe into it, create space around it, allow it to be there. Okay? Two things that I'm hearing, seeing...

[00:22:47] And when I complete that process, I might just do this. I might find my body taking a deep kind of reset breath, and for a moment I might have a break. I might have a moment of space from the thought, okay? From the, "I'm to blame for this."

[00:23:10] When I've completed these three steps, that thought might not be running so strongly, but to keep it real, I must say that when I was in Leakland and I would complete these three steps and I would take that breath of liberation, it might not be but a couple of minutes before the thought popped, right back up. The same thought, "I'm to blame for this." And so what I learned to do, and what in this particular mode the evidence suggests is very useful, is to recycle back through again the same three steps with the same thought again.

[00:23:55] Then what happens, and this is true of the different cognitive behavioral therapies, is we're sort of providing a way cognitively of navigating these recurrent thoughts that's helpful.

-Step 4: Open to the observing self

[00:24:10] **Dr. John Reiman:** So the fourth step. The first was the "I notice I'm having the thought." Second, observing it, breathing into it, allowing it. Third grounding. The fourth is just kind of a more global comment, and this is to generally open to my observing self.

[00:24:31] This is a part that sees what is. Always works perfectly. Never judges or criticizes, can't be hurt or damaged, and can only be known by direct experience and can't be improved in any way. So the thinking self is the part that plans, thinks, judges compares, creates imagines, analyzes, remembers daydreams. Wonderful. We wanna keep that going.

[00:25:01] What we don't want to do though is to have that process, which is actively thinking and churning away, be the director of our lived experience. What's helpful is to have this thinking mind, which is always active, complimented by this observing self, this observing part that can watch and see what's going on.

[00:25:32] **Andi Buchanan:** So it's really just kind of, recognizing that there is a part of you that observes and allowing yourself to be more of an observer to this, rather than a person tormented by a recurring thought, but more of an observer to a recurring thought.

[00:25:45] **Dr. John Reiman:** Very much so. Very much so. There are two readable books about ACT or acceptance and commitment therapy that you might want to follow up with both by a writer named Russ Harris. One is called The Happiness Trap, and the other is ACT Made Simple. And these can take what I've only briefly introduced and in a very navigable, clear and practicable way, give you kind of guidance in implementing this four step process.

[00:26:25] **Andi Buchanan:** Great. We'll include links to those, books in the show notes to this episode.

-The Work

[00:26:30] **Dr. John Reiman:** A last form of self-directed cognitive therapy that many report as efficacious comes from a woman named Byron Katie, b-y-r-o-n, Katie, k-a-t-i-e. In what Byron Katie calls The Work, there are four simple questions that can be directed toward a pain generating belief to challenge and possibly, ultimately, reframe it. Question one, is it true? Question two, can you absolutely know that it's true? Question three. How do you react when you believe that thought? Question four, who would you be without the thought?

[00:27:26] And again, I'm just going to name briefly the four steps with an application to the thought that we've been working with, which is, "I'm to blame for this."

[00:27:37] So the first question directed toward the pain generating belief is, is it true? Now if you ask me when I am in Leak Land hell, "Is it true that I'm to blame for this?" I'm probably gonna say, "yeah, it's true. Yeah. Yes, it's true."

[00:28:01] The second question is, can you absolutely know that it's true? And here is the one that creates just a little bit of dissonance. And if we're talking about getting off the wheel, this fourfold process is also an exit ramp process. Because if I am running full speed, I'm to blame for this, and you say, is it true? I'm gonna say, yeah, it's true, and I'm just going to keep going round and round in the wheel.

[00:28:30] If you ask me the second question, can you absolutely know that it's true? Well, well—

[00:28:38] **Andi Buchanan:** I You can't, right? It kind of punctures that thought a little bit. It takes the air out of that thought a little bit ...

[00:28:45] **Dr. John Reiman:** It does, it, it punctures the thought. It pierces the veil. Right? And then the third question is, well, how do you react when you believe that thought? So now, How do you react when you believe the thought that I'm to blame for this? Well, if I think of myself lying there in bed, with an incredible headache, and how I react when I believe the thought, my body is tightening. I'm contracting.

[00:29:16] **Andi Buchanan:** Right. Yeah. I mean, yeah. How do you react when you believe that? I mean, you feel bad, right?

[00:29:20] **Dr. John Reiman:** You feel bad. Yeah, exactly.

[00:29:22] **Andi Buchanan:** I mean, if you don't think about it, then it's just, yeah, this is a fact. I'm to blame. But if you think about, well, how do, how do I feel when I, when I'm believing that? Pretty bad! Pretty terrible!

[00:29:31] **Dr. John Reiman:** Pretty bad. Yeah. And then the fourth question is, okay, well, Who would you be without the thought?

[00:29:38] Huh? Really? Who would I be without the thought? Well, my head might hurt. But I wouldn't be compounding it all with this blaming piece. So who would I be without the thought I'd be a guy in pain, but maybe not so contracted around it?

[00:29:58] **Andi Buchanan:** Yeah, it's almost liberating, right? If you could be free of that thought? Yeah, who would you be? You'd just be a person in pain. Not a person who did something bad to cause pain or like— none of the judgment and blame comes into it. You're just, without that, you're just a person who hurts.

[00:30:18] **Dr. John Reiman:** Yeah. And I, I just want to underscore— when I'm in pain, when I have diminished capacity to think clearly or to even reference things like the kind of things we're talking about now, it's just super important to recognize that there's no "should" with these.

[00:30:41] **Andi Buchanan:** Mm. Yeah.

[00:30:43] **Dr. John Reiman:** There's no weaponizing of these. I think that's probably a good word because if my basic story is "I'm to blame for this," and then I'm not doing things that I could or want or that I'd like to do, and I turn them back on myself, that's not particularly compassionate.

[00:31:04] The other thing is it's hard sometimes in the midst of pain to come up with or to even remember, these things can be really challenging. So there are no "shoulds" here and I just wanna underscore it.

[00:31:21] **Andi Buchanan:** Yeah. Again, it's like this is more of an invitation, right? Like the things to consider, things you, you might be able to do on a good day, maybe not on your worst day,

[00:31:33] **Dr. John Reiman:** Right.

[00:31:33] **Andi Buchanan:** you know? But nothing that you have to do.

[00:31:38] **Dr. John Reiman:** No, no.

[00:31:40] So just to retrace our steps briefly before continuing, our first navigational tool was offer myself even a tiny bit of ease, mercy, compassion. The second was the liberating from fusion with diffusion and expanding space, and then connecting with the moment.

[00:32:05] **Andi Buchanan:** The chilling of the recycling thoughts.

[00:32:08] **Dr. John Reiman:** Exactly. The next one is to basically step into full retreat mode and find refuge with the breath.

A third navigational tool: Finding refuge with the breath

[00:32:22] **Dr. John Reiman:** For me, this was done at times where when I was lost in a swirl in pain and it seemed like there was nothing to do and no one to help. And I just felt despairing. I realized I could retreat to the very most basic level of my existence, my breath. So I noticed I'm breathing, or actually I'm somehow being involuntarily breathed. The breath all on its own is just coming and going. And as it does, there are sensations in my body that tell me that my breath is breathing itself. I'm breathing.

[00:33:15] So then I tried directing my attention into the places through which the breath is happening. And I noticed the evidence: oh, wait a minute, there's air passing through my nostrils. My chest or my abdomen is rising and falling. And then I just have a place where I can direct my attention and find a little respite. And when I can effortlessly see or imagine or feel each in-breath as a receiving and every out-breath as a releasing, I could also internally go "receiving, releasing."

[00:34:04] And I don't seem to have to know what either word means. Maybe it's just because in relating to each word, there's some kind of grounding in something elemental that occurs. But after all, every breath since my first breath, when I came

into this world has been a receiving of oxygen and every out breath until my very last one.

[00:34:32] It's a release of carbon dioxide. So if you really think about retreating to this most crude sort of elemental little corner of the universe, which is my breath moment to moment, I call that full retreat mode and finding refuge.

[00:34:54] **Andi Buchanan:** Yeah, it also sounds like it's a way to kind of engage your body in something that's not pain, right? You're breathing and maybe observe a little bit. Is that partly what you're doing here, bringing that observer mind to it?

[00:35:10] **Dr. John Reiman:** Such an astute observation. Yes, it's another bringing of the observer mind online.

[00:35:19] **Andi Buchanan:** One of my very good friends, Jodi Ettenberg, writes really beautifully about how she lives with having a long term chronic leak. And she has a wonderful Patreon where she wrote several posts about not just coping with pain and kind of everything we're talking about here, but also specifically about breath. And again, I'll include a link to that in the show notes for this episode.

[00:35:46] **Dr. John Reiman:** Thank you. I think at the most elemental level, again, recognizing that each in-breath, that's how we live. I'm alive because of each, the gift, the miracle of each and every in-breath. And if I can kind of take that in, again, when I'm backed into a corner with pain or other times, if I can take in just the incredible gift of this next in-breath and then as powerfully if I can extend at all the out-breath and with it, imaginably release and think "release"... It's quite extraordinary at times to take that in-breath and then to consciously release and feel what happens with that release of breath. Yeah.

A fourth navigational tool: Crying, Shaking, Yawning

[00:36:50] **Dr. John Reiman:** The last navigational tool that I'd like to mention here is crying, shaking, and yawning. Now—

[00:37:02] **Andi Buchanan:** Wait, those are tools? That just happens to me naturally!

[00:37:05] **Dr. John Reiman:** Yeah. Well, right. That is the body. And you said it perfectly. That is the body doing what it needs to do by itself. The tool is allowing it to do what it needs to do, okay? And what it needs to do is to find ways of physically discharging fear. So nature equips us with a number of biophysical and biochemical discharge mechanisms to support restabilizing and resilience.

[00:37:47] Now, none of them are cool, and each of them...

[00:37:50] **Andi Buchanan:** I don't know, I think being able to cry a lot is pretty cool, no?

[00:37:55] **Dr. John Reiman:** Well, I do too, but there's a lot of us who have internalized messaging around big boys and big girls don't cry. Which, which carries, remarkably, for so many into adult life. For me, historically gifted with an ability to cry, which, which by the way, I would say, and my colleagues doing trauma work would also cite as just a powerful reset tool at the very basic biochemical level.

[00:38:40] Tears are a release of what needs to be released are at the very biologic level. That is what happens. It's a release. There's another part that happens and there's a whole area called, re-evaluation counseling or co-counseling that also sees this release of tears, crying, or shaking or yawning. And I'll come briefly to the other two.

[00:39:09] Crying is often followed by some type of re-evaluation that follows the discharge. So, if we're going back to our old, "I'm to blame for this," and if I am kind of just overpowered by that and find myself just discouraged, despairing, whatever, and I find myself crying, and I can really open to that crying—and let go of the thought that I'll never be able to stop because everybody's always stopped—

[00:39:55] **Andi Buchanan:** That's true. No one's been crying forever, you know, but I think that's a really important point because I think almost kind of relating to the story I told before, right? About that moment when I let myself actually feel my pain and it felt like I was overwhelmed and I'd opened this door that could never be shut again and I would feel it forever. I mean. Obviously, I didn't.

[00:40:14] You can cry and it might feel like you're going to cry forever, but, but you stop eventually. And that's almost like a— that makes you feel a little safer about crying, right? When you know that it's not going to last forever?

[00:40:27] **Dr. John Reiman:** Right. Yeah, yeah. And the re-evaluation piece. It's quite powerful. And just as an example, if I'm in the wheel going round and round with, "I'm to blame for this," and I have a good cry, to take it back to the Byron Katie work, the first question was, is it true? And the second question, can you absolutely know that it's true? After I've cried, and I've actually in the crying opened myself more to the possibility that I can't absolutely know that it's true. So I find myself and others who I've worked with in crying, some dissonance is created around these unhelpful recycling thoughts, and I can, we can, be partially released.

[00:41:30] **Andi Buchanan:** Well, and what about shaking and yawning? I mean I'm pretty good at crying, but I don't know that I've ever, like, just decided to shake. You mean, like, physically, like, shake yourself out? Like...

[00:41:41] **Dr. John Reiman:** Oh, I, no, I mean involuntary, just allowing yourself. Actually, if you have a dog or a cat... And you'll see when they are scared, they will

shake, and actually, a great example for those of us who are old enough to remember. Marlon Perkins.

[00:42:05] **Andi Buchanan:** The Animal Kingdom guy, right?

[00:42:07] **Dr. John Reiman:** Animal Kingdom guy, right. So I can remember watching Animal Kingdom and seeing the gazelles all out on the plain and a crowd of lions attacking the gazelles, but around the perimeter, all the other gazelles are just lying there, and the camera stays on those gazelles. I don't know for how long it stayed, but the point was, and it showed it, that one by one, you could see a little shake of a leg of one of the gazelles, and another one, some movement, and then the gazelle would slowly stand up and shake and shake and shake and shake and shake. And this would happen to all the gazelles who made themselves look like they were dead because predators aren't as interested in dead things as they are alive things. And so the body defensively and brilliantly slowed down, but then when the danger was gone, stand up and shake and shake and shake. So reflexively, I can tell you having worked now in trauma for as long as I have, I've watched people shake and cry.

[00:43:27] And yawn is another interesting one. Sometimes when we are physically distressed, yawning can release that, and I can remember, I know for myself and for a lot of folks I've worked with, people will say, well, are you tired? And it has nothing to do with being tired.

[00:43:49] **Andi Buchanan:** Yawning seems so, I mean, you can't even look at the word yawn without wanting to yawn. You can't see another person yawn without wanting to yawn. There's something very primal about yawning, as a release, as an intake of oxygen, you know. There's something there, you know, really,

[00:44:06] **Dr. John Reiman:** there, there is something, I mean,

[00:44:08] **Andi Buchanan:** Really, just talking about yawning. It's very hard. I'm fighting it right now. It's really hard not to yawn. Yeah. There's something very, very fundamental about it.

[00:44:16] **Dr. John Reiman:** Yeah. The yawn is just another one like crying and shaking. That is the body mind's brilliant, just brilliant release of what it has to do to homeostatically return to a state of balance, which by the way, this state of balance to which we return is so much a function of we essentially are.

[00:44:44] Example, if I get a cut on the back of my hand, and it bleeds, and then it scabs: there's lots of places where I've had cuts on my hands where there's no trace of those cuts. Scab and it went away. If I spike a fever, if I have 102 fever, I'm going to return to 98.6. So it is with trauma and experiences of all sorts.

[00:45:13] The built in resilience mechanisms that we're gifted with as human beings are quite phenomenal.

[00:45:21] **Andi Buchanan:** Yeah. You know, my therapist said something really powerful to me once, which was that trauma does not have to be traumatic. And I wasn't sure what she meant at first, but it kind of changed the way I thought about experiencing trauma.

[00:45:36] I thought that experiencing trauma meant that it was a scar. That it was something that would forever change me, that would leave me broken forever. But she showed me that that doesn't have to be that way.

[00:45:50] **Dr. John Reiman:** Yes. And one of the things that determines the degree to which an event or a circumstance or an illness is traumatic is on the one hand, it's the magnitude, the awfulness, the horrificness of the event. That determines to a degree what someone's adaptation to life after the event will be. But the strongest determinant, what someone's enduring adaptation, post-event, post illness, and so forth to be just in terms of psychological and emotional functioning, is the degree to which at the point of the event at the time during which the event was occurred, or, while someone was leaking, human resource, human connection was available. You can actually make pretty strong correlation between the experience of someone post accident, post illness, post event with the availability during that time of human connection. Isolated people who experience events in isolation don't fare as well post as people who have human connection.

[00:47:25] And, and I just want to say, I think the Spinal CSF Leak Foundation, Inspire; I think there are so many blessed in this day and age ways of getting connected with people, and those connections in turn aren't just feel good pieces in the moment, they have enduring positive value for a long term recovery and rebalancing.

[00:48:00] **Andi Buchanan:** Absolutely. Thank you for saying that.

[00:48:02] Well, it's now time for the part of the show we like to call, Okay, Now What? So we just talked for a very long time about navigational tools you can use while you're in Leak Land, and just a quick recap of them was:

[00:48:19] An invitation to consider what you can do in this moment to give yourself some grace. Chilling of the recycling thoughts, ways to get yourself off that endless wheel of thoughts. Retreating to the breath, finding refuge in breathing and noticing the very basic and continuous activity of your breathing. And then discharging fear by allowing your body to do what it does by crying, shaking, yawning, etc.

[00:48:49] Basically, the big takeaway here is that no matter what you're dealing with, though perhaps especially when dealing with a spinal CSF leak, everyone's

map looks different and everyone's territory looks different too, but these tools for navigation can be useful for anyone to try, no matter where they are in their journey.

[00:49:10] **Dr. John Reiman:** In closing, I just want to really appreciate how the Spinal CSF Leak Foundation is really illuminating and attending to the patient experience as I increasingly see dialogue forming between the professional community and the patient community, I see bridges being built, which will enable these and other tools to be increasingly available and utilized.

[00:49:47] **Andi Buchanan:** Thank you very much for helping us to do that work. We appreciate it. Thanks for listening to us today. On our next episode, Dr. Reiman and I will talk about the S word, self-compassion.

[00:50:01] **Dr. John Reiman:** There's a great deal in the literature and research that identifies self-compassion as the key in treatment of depression, in treatment of anxiety, and in treatment of trauma recovery.

[00:50:18] Many hear the word self-compassion and have some kind of association with it as being weak, or something undesirable. I can't underscore enough the positive contribution that even beginning on the path of self-compassion has for those presently in or recovering from Leak Land.

OUTRO

[00:50:51] The Territory and the Map is presented by the Spinal CSF Leak Foundation, a 501c3 nonprofit health foundation focused on raising awareness, providing education, and funding research for spinal CSF leak. To learn more about spinal CSF leak, including helpful information, resources, and patient stories, visit spinalcsfleak.org.

[00:51:13] To support the spinal CSF leak foundation, you can donate by going to [spinal CSF leak.org/donate](http://spinalcsfleak.org/donate). For show notes and other information about the podcast, please visit us online at spinalcsfleak.org/podcast. And if you're looking for support around your experience of Spinal CSF Leak, join our Inspire online support community at Inspire.com/groups/spinal-CSF-leak.