**The Territory and the Map: Episode Four
Assertive Communication in Leakland**

—INTRO—

[00:00:00] **Andi Buchanan:** Wait, okay. Let me see. I, I think I got it. Hold on. “I appreciate our podcast time together, **and** I feel glad **when** we talk **because** it feels really nice to have these kinds of conversations, and **what I would like** is to be able to continue them.” Did I do it?

[00:00:20] **Dr. John Reiman:** You did it, and you touched my heart. Thank you. You are a gem. That was great.

—INTRO MUSIC—

[00:00:43] **Andi Buchanan:** Hi everyone, and welcome to episode four of the Territory and the Map. Today, we're going to be talking about assertive communication in Leakland. I'm Andi Buchanan, Executive Director of the Spinal CSF Leak Foundation, and New York times bestselling author of 12 books, including my memoir about my own experience with spinal CSF leak titled, “The Beginning of Everything.” And with me today as always is Dr. John Reiman, a trauma therapist who also experienced a spinal CSF leak. Hi John. Thanks for being here.

[00:01:13] **Dr. John Reiman:** Glad to be here, Andi.

[00:01:15] **Andi Buchanan:** 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. And as always, 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.

[00:01:38] **Dr. John Reiman:** So to those of you listening, your job is to see if anything possibly useful emerges today. Please don't take on anything we say before first running it through your own gut and intuition. It's important to practice self care, so in the event you find listening to our discussion too difficult or too close to home, it's fine to pause, take a break, or stop listening altogether.

[00:02:08] **Andi Buchanan:** So, today we're going to be talking about assertive communication.

[00:02:13] And while that's something I'm comfortable with on a professional level, I think it's fair to say that on a personal level, assertive communication is a topic that both frightens and confuses me. As a person who is like the internet meme of the person who says absolutely no worries either way but then also worries both ways and a secret third way all time, being assertive in communication sounds a little terrifying. So I hope that today you're going to share some kind of magic bullet or one cool trick that we can use to make asking for what we want and need a not scary experience. Am I onto something here or?

[00:02:58] **Dr. John Reiman:** Oh, absolutely. This will be the magic you've been hoping for

[00:03:02] **Andi Buchanan:** Oh, yes, thank goodness!

[00:03:03] **Dr. John Reiman:** Yeah, yeah, yeah, yeah. So, you know, our focus here is today on effective, assertive communication, for those of us in Leakland, with medical professionals and family members or caregivers. The emphasis today is on expressing oneself effectively. We assertively communicate not to ensure that we get what we want or need. Now that may sound paradoxical, but the reason we are assertively communicating is so we can be more confident that we will be capably heard.

[00:03:48] And being capably heard may in some cases be the best we can do. But actually that's a pretty significant gain in communication, to feel and know that you have been effectively heard. So we're going to be talking about a four step process for effectively asserting oneself in communication.

[00:04:14] **Andi Buchanan:** Before we dive in, it can be challenging, I think, under the best of circumstances to advocate for yourself in certain situations. What do you think it is about being in Leakland that makes it particularly challenging?

[00:04:29] **Dr. John Reiman:** First I think a challenge is that symptoms consume a lot of our bandwidth when we are in Leakland. So just symptoms taking bandwidth would be the first piece.

[00:04:45] The second piece would be brain fog, which has lots of different definitions, but I think basically some diminished capacity to effectively process thinking and to express oneself. And that absence of clarity would make asserting oneself more challenging.

[00:05:13] Another dimension, I think, of challenge is that the medical establishment is traditionally and presently pretty hierarchical in terms of communication. And I think many of us have been enculturated into a kind of, um, we're the patient and they're the doctor, or they're the nurse, or they are the therapist, and that that differential isn't one that typically invites a great deal of communication, especially communication about needs and wants. I do think that that's changing somewhat.

[00:05:53] Another area I think would be with family members and caregivers. You know, being in that position in Leakland really takes up a lot of, I'll just use the word kind of social capital, in the family environment or with caretakers. Meaning that I'm generally more needy and asking for more and needing more and feeling less like I can capably do more on my own. And that neediness, especially if I'm unfamiliar with it might make me recede back from assertively communicating what it is that I need.

[00:06:42] **Andi Buchanan:** Now, when you say “assertive,” it's hard for me not to hear “aggressive”, but that's not what we're talking about, right? We're not talking about being aggressive in what you're trying to express. You're talking about being clear in what you're expressing?

[00:06:58] **Dr. John Reiman:** Yes, I'm talking about, and this will get unpacked nicely once we start into it, I'm talking about really communication that articulates what it is one needs, and why they need it. Built on a foundation of, first and foremost, recognizing that the person I'm speaking to may have some of their own needs that I want to try to address as soon in the communication as I can.

[00:07:35] So, to answer your question more broadly, passive communication might just sort of be that laissez faire, let it go, chill, all good, no worries. Uh, let's make that the far left end of a continuum, and on the far right end of that continuum, let's put aggressive. Aggressive, let's just define for the moment as communicating emotional backed demands.

[00:08:03] Assertive, this is in the middle of this, smack in the middle, and basically is so much more effective than the other two. In passive communication, it's unlikely people are going to know what I need because I'm probably not communicating it clearly. In aggressive communication I'm probably going to be making demands and have sharp edges, which is going to alienate people from capably listening to me.

[00:08:33] So what we're doing in these four steps is structuring a way of communicating, whether it's with family members, medical professionals, children. This is a four step, time-tested process, which is not mine, but I've used it, I've taught it, I've worked with it for years, and there'll be a reference included to where this all came from.

[00:08:59] **Andi Buchanan:** Yeah, let's dive in. I have shared the document in our program notes, so people can reference that as they listen or afterwards. We're doing a little something different in today's episode in that John and I haven't really talked about this. We're going to go in and I'm going to, um, face these four steps fresh and see if I can understand a little bit better how to be assertive in communication.

[00:09:25] **Dr. John Reiman:** I so much appreciate you doing it that way. I think there's a vulnerability for you in doing it this way, Andi, and even as we're doing this live and unrehearsed, I would just encourage you, as we have all of the people listening to this, to use self care and go as far as you are comfortable or as short as you are comfortable. Okay.

[00:09:51] **Andi Buchanan:** Okay.

[00:09:52] **Dr. John Reiman:** So I'm gonna first of all point to the four steps of assertiveness. The formula is one, the first step is an empathy statement. The second, “I feel.” The third, “when” and “because.” And the fourth, “I need, would like, or wish.” I'm going to go through each of these and explain briefly using the example from my practice.

[00:10:21] So, the empathy statement really shows the other person that you're trying to see things from their point of view, and that you appreciate them. So doing this helps them to listen to what else you might have to say.

[00:10:37] In this particular example, This is a situation where a police officer who worked day shift comes home, and his partner is at home and she's taking care of the kids and doing domestic life and doing homeschooling. And he comes home and basically recedes down to a dark den with the TV and disappears.

[00:11:05] She could go in and sweep everything off the table, or say, “get your butt up here.” There would be lots of ways she could express her frustration with it. In this particular case, what we're looking for is for her or for anyone in step one to communicate a recognition or an appreciation of the other person. You might think this is manipulative or this is gamey, but actually in human communication, this first step that is appreciating something related to the person related to the issue that you're going to be raising with the person, something positive, something appreciative.

[00:11:54] So in this case. “I know that you work really hard to provide for our family.” So notice, we're starting not in the face of the person, but we're starting kind of gently at six feet, and we're recognizing, we're seeing them. The best way not to have someone listen to me is to blast into their space without any recognition of who they are or an appreciation of where they are and communication goes nowhere.

[00:12:28] **Andi Buchanan:** So you're starting out with some empathy.

[00:12:31] **Dr. John Reiman:** You're starting out with some empathy. And it needs to be real, because if it's something that I really don't appreciate about you, but I'm going to say, that inauthenticity is going to be transparent, and this process won't go anywhere.

[00:12:48] It's not a dispensable step. It has to happen for communication. Without it, things go nowhere.

[00:12:57] **Andi Buchanan:** Well, it seems like, it seems like it's a way to get everybody kind of on even ground starting point. So now it's not like somebody's mad and somebody's like, Whoa, why are you mad? But you're like finding a common ground to start a conversation from, yeah?

[00:13:11] **Dr. John Reiman:** True. Yes. And I also wanna say that the empathy statement, if you look at the example, provided, “I know that you work really hard to provide for our family.” You know, even that could be presented with a sharp edge. So, for example, “Yeah, you know, you work really, really hard, uh, you know, for our family.” well, that's just going to put the other person in a defensive position. Even if the words are appreciative, the intonation and the affect are anything but.

[00:13:49] **Andi Buchanan:** Yeah, yeah. Tone is important. You can't put quotation marks around the word provide. Yeah.

[00:13:55] **Dr. John Reiman:** No, right, right. All right. Step two is “I feel.” Now, “I feel” lets you start by expressing how you feel about the behavior or what it is you're going to be addressing. And here, I think it's important to stick to one of five or six basic emotions.

[00:14:20] Most often, in our regular daily interactions, we will often say, I feel like you, or I feel like, well, It's really, that's actually not usually a feeling, but it's sometimes the beginning of an attack, or sometimes it's the beginning of a thought. So we're going to distill this down to five feelings, and they're going to be mad. That would, under mad, would be angry, frustrated, irritated, annoyed.

[00:14:52] So mad. The second one, sad. The third, scared, with all of its different underlings.The fourth, guilty or ashamed. And the fifth, glad. So mad, sad, scared, guilty or ashamed, and glad.

[00:15:19] **Andi Buchanan:** Okay.

[00:15:20] **Dr. John Reiman:** And I'm going to say one of those under the I feel. If you look at what's written, the example, if we go back to the first step.

[00:15:32] “I know that you work really hard to provide for our family,” but I feel angry. Notice I have “but” crossed off. “But “is, um, just not helpful. “And” is inclusive, “but” is exclusive and, if I'm listening to someone and there's a “but,” that's the point at which my shoulders are going to raise and my body's going to tense up.

[00:15:59] **Andi Buchanan:** Right.

[00:16:00] Right.

[00:16:00] So it's important to say, “I feel this and.” Hmm.

[00:16:05] **Dr. John Reiman:** So, we've got, “I know that you work really hard to provide for a family, and I feel angry.”

[00:16:12] Now, when and because. So the when tells the person what specifically bothers you about the behavior or the situation. And the because is how the behavior affects you. So in this case, I know you work really hard to provide for our family, and I feel angry when you come home from work and don't help out with the chores or work with the kids because I'm too tired and need your help. When and because.

[00:16:46] The fourth and final step is “I need,” and this is the tough part, for people who feel guilty simply letting other people, especially family members and doctors, know what their needs are, it's hard to get to the recognition that “I need” has really nothing to do with being selfish, but instead actually gives the listener a clear signal of what you want them to do differently, so they'll have the opportunity to change or the opportunity to consider meeting or responding to your needs.

[00:17:30] And again, back to what I said at the beginning, this four step process has nothing to do with guaranteeing that you're gonna get what you want or what you need, but you will have the satisfaction of knowing that you capably have expressed that need in the best way you could have. Okay? So, so the final piece here, running through the whole thing: I know that you work really hard to provide for our family, and I feel angry. I feel angry when you come home from work and don't help out with the chores or work with the kids because I'm tired too and I need your help. So for the fourth step: I'd like it if you would help the kids with their homework when I make dinner. All right. So it's very specific and we want it to be as specific as it can.

[00:18:26] If it ends up with something as abstract as “I need or I want you to be more considerate.” Well. Too big, too broad, isn't really saying what it is that I need or want, okay? So does this always work?Nope. But a high percentage of the time it does, and it just gives you a better tool to deal with situations than anger, passivity, or avoidance, and which really achieves the desired results.

[00:19:03] All right. So with that, let's go ahead. And I will coach and guide you through the example. Okay. So let's start with,

[00:19:18] **Andi Buchanan:** Can we start with something low stakes?

[00:19:21] **Dr. John Reiman:** Do you have something in mind right now?

[00:19:23] **Andi Buchanan:** I do, yeah.

[00:19:24] **Dr. John Reiman:** Okay, good. So, can you describe the situation? Before we go to the steps, what's the situation?

[00:19:32] **Andi Buchanan:** Okay, so the situation is that, and this is a, a low stakes situation here. Um, this is, this is really not challenging, but. So, my husband, like a normal person, likes to eat salads, and, like a normal person, he likes to have croutons on it and crunchy things. And I cannot stand when he eats a salad sitting next to me crunching, because it just, uh, there is something about the crunching of the salad and the croutons and I cannot stand it, and I have to leave the room or... And it's a normal thing. Everybody should eat salads! Salads are great! But, um, for me, it becomes a very challenging experience, because the noise of it is so— and I feel terrible asking him to not do that because I'm literally asking him to not chew his food, which is really not fair. But it's hard to know how to assert myself in this situation, especially when I feel like it's really my problem, you know?

[00:20:35] **Dr. John Reiman:** Yes, it's, um, so two things, one, your presentation of the issue. You worked very hard to minimize it

[00:20:46] **Andi Buchanan:** Yes, exactly.

[00:20:48] **Dr. John Reiman:** and to and to, disqualify it, but actually, I think you're raising it likely because it is an issue for you. And in fact, sounds like auditorily it's difficult at times. Yes? Secondly, do you even question that you have a legitimate right to raise this?

[00:21:08] **Andi Buchanan:** Oh, absolutely. On the scale of, on the scale of things that I could complain about, it's very, very minor. Yeah.

[00:21:16] **Dr. John Reiman:** Right, right. Now, this is a particularly good one for Leakland because, and you and I haven't spoken about this, but the number of people with whom I work in Leakland who have sensory sensitivities that are significantly outside the normal bounds of their day to day experience and so are intrusive and disruptive, and painful, even . It is a feature of Leakland, as well as I'm sure other places. Okay, so let's jump right in. Let's create an imaginal situation where he's sitting there crunching, and you are at the table.

[00:22:06] **Andi Buchanan:** And I need to begin with empathy.

[00:22:09] **Dr. John Reiman:** Correct. So what would be a statement that you could make to him that would be appreciating him?

[00:22:18] **Andi Buchanan:** Okay. I could say, um, “I appreciate that you want to share dinnertime with me.”

[00:22:24] **Dr. John Reiman:** Okay. So I'm, I'm going to sort of do a micro coaching job with you on this. Okay. It's sort of the way it works. Um, so what you are appreciating is something like, “I appreciate how much in our life together with me in Leakland, you have accommodated in untold ways for an untold period of time. And I'm so grateful to you for all of that.”

[00:23:00] **Andi Buchanan:** Yes. Yes. Yes. So I'm setting the scene by acknowledging how much he already accommodates me.

[00:23:10] **Dr. John Reiman:** Exactly. And what you really want is for him to be listening to and readying to listen to what you have to say, and what you've done, really, by starting with the appreciation is paving the way on the road where you're going to be asking for something around which you want to be seen, and you're starting by seeing him.

[00:23:40] **Andi Buchanan:** Ah, I love that. Okay. Yeah. So it's more along the lines of I appreciate the lengths that you've gone to listen to me, to accommodate me, to see what I'm struggling with and to try to make my life easier around it.

[00:23:56] **Dr. John Reiman:** Beautiful. Yes, yes. And, and since you know him, would you assume might he open somewhat upon hearing that?

[00:24:06] **Andi Buchanan:** Yes, yeah, I think so. Yeah.

[00:24:10] **Dr. John Reiman:** So that's the empathy statement, and it's indispensable. I want to just say that the iterations we had to go through to get to it is just a reflection of how complex this seemingly simple process can be. Because what we really wanna be doing in the empathy statement is appreciating something about the other person. Okay. That's where we start.

[00:24:37] **Andi Buchanan:** Right.

[00:24:38] **Dr. John Reiman:** Then we move to, “I feel.” All right.

[00:24:42] **Andi Buchanan:** I feel irrational anger when you chew?

[00:24:47] **Dr. John Reiman:** So just noticing again how in your presentation of it, there's kind of a nervousness, because, “really? This is going to qualify as something I have a right to even say, or put on the table?”

[00:25:04] **Andi Buchanan:** Yeah.

[00:25:05] **Dr. John Reiman:** Um, well, yeah, you do. Right? Now you may conclude that you don't have that right for some reason, and that would put us into a more complex situation, which we're not into at this level of podcast. So, okay. The first one, as you started, “ I know and appreciate how accommodating you are and have been of me.” I'm just going to shortcut that here forward to us.

[00:25:35] **Andi Buchanan:** Yes. Okay.

[00:25:36] **Dr. John Reiman:** And I feel,

[00:25:38] **Andi Buchanan:** Yeah. I don't know if angry is the right word, but,

[00:25:41] **Dr. John Reiman:** I I don't think it is. It doesn't the anger isn't what—

[00:25:45] **Andi Buchanan:** —but it does fill me with rage to hear the crunch, um, which I know is... I guess it's a profound kind of irritation, right? That, that sensory overload

[00:25:56] **Dr. John Reiman:** Yes. And, again, for many of us, the irritation, the annoyance is often a cover for what's just beneath it, which is fear, because if noises are raspy and are unpleasant, actually they hurt!

[00:26:17] **Andi Buchanan:** Yeah, like sandpaper on your

[00:26:19] **Dr. John Reiman:** Right?

[00:26:20] **Andi Buchanan:** Yeah, I think it's a, it's a sensory thing. So this particular example, I don't think is coming from fear, but more of, uh, Like I said, that sandpaper on the brain feeling is not great.

[00:26:34] **Dr. John Reiman:** So what's the emotion that goes with it?

[00:26:38] **Andi Buchanan:** I guess irritation is not an emotion.

[00:26:40] **Dr. John Reiman:** I think what you might be saying is that when I'm listening to that, and it's difficult because of my brain, as I listen to that, I get progressively more anxious. Would that be true?

[00:26:57] **Andi Buchanan:** I could be a part of it. I think definitely angry, anxious, kind of go hand in hand sometimes.

[00:27:04] Let's go with angry, just for now.

[00:27:06] **Dr. John Reiman:** So. I appreciate how much you accommodate and I feel angry when

[00:27:13] **Andi Buchanan:** You crunch your salad.

[00:27:14] **Dr. John Reiman:** because

[00:27:17] **Andi Buchanan:** It hurts my brain.

[00:27:18] **Dr. John Reiman:** Thank you. That's so perfect. Andi, can you? Yeah, it's succinct. We didn't rehearse it. It really goes exactly to it. Wow. When you crunch your salad, because it hurts my brain.

[00:27:36] **Andi Buchanan:** Yeah.

[00:27:38] **Dr. John Reiman:** quite a step, to speak that truth.

[00:27:42] **Andi Buchanan:** Well, it's the next step that's the hardest one. The, “and I need,” that one where I need, I would like.

[00:27:49] **Dr. John Reiman:** So this is the tough part. So again, “I appreciate how accommodating you are, and I feel angry when you crunch your salad because it hurts my brain.” I'd like it if, or what I would like, or what I would wish is that, and let's try to be with this step as specific and as keeping it real as we can be, okay?

[00:28:20] So, let me just ask you a question before we step into it. Is the crunching of the salad difficult because mouth is open while eating? Okay, so it's mouth closed. Okay. So, what is it you would like?

[00:28:40] **Andi Buchanan:** So I would like for you to eat your salad in the other room.

[00:28:46] **Dr. John Reiman:** Wow. So…

[00:28:49] **Andi Buchanan:** I feel like a monster.

[00:28:51] **Dr. John Reiman:** well, yeah, yeah, yeah. So, that's an option. Although it puts him into exile for your problem. So why couldn't you leave the room when he's eating his salad?

[00:29:06] **Andi Buchanan:** Right. That's the other option.

[00:29:08] **Dr. John Reiman:** That's another option, right?

[00:29:10] **Andi Buchanan:** Or, yeah, so I would like for you to not be upset if I leave the room while you eat your salad.

[00:29:14] **Dr. John Reiman:** Okay, that's another possibility. What are some other possibilities here? Do you have a salad with every meal?

[00:29:23] **Andi Buchanan:** No.

[00:29:23] **Dr. John Reiman:** Just dinner.

[00:29:25] **Andi Buchanan:** No, I mean, sometimes that's all he eats is a big giant salad.

[00:29:28] **Dr. John Reiman:** Oh, okay. So big giant salads, when you're eating a salad, I would like or wish—so, one was if you could eat it in the other room. Two would be that you're not annoyed, or that you make space because it's difficult for me and recognize that I still love you and care for you and that leaving the room is not about that, but it's just about my physical discomfort around the sound.

[00:29:58] **Andi Buchanan:** Right.

[00:29:59] **Dr. John Reiman:** Does he have a clue about this by the way?

[00:30:03] **Andi Buchanan:** He knows that I have a thing about sounds. I don't know if he, I don't think we've ever had a conversation specifically about

[00:30:11] **Dr. John Reiman:** Right. So, do you think that you want him to be aware that it's difficult

[00:30:17] **Andi Buchanan:** Oh, that feels, that feels like, um, it makes me feel like I'm just saying like, hey, guess what? This drives me crazy. Just wanted you to know. FYI.

[00:30:26] **Dr. John Reiman:** So, okay, so we're just exploring possibilities. Another possibility is I wanted you to know that this is really difficult for me and drives me crazy. And I'd like to think together about how we might deal with this. It, it really depends on, and I think the piece here is you're not quite sure what you want.

[00:30:51] **Andi Buchanan:** I would like to be in a room without any salad chewing.

[00:30:59] **Dr. John Reiman:** What about that then? That's really what you started with. I sort of explored other possibilities with you. Not because I had any judgment about the one, but because typically in this coaching process, looking for alternatives is part of what we do. Okay. So. Go through the full one and let's see what happens for you now.

[00:31:23] **Andi Buchanan:** So, I appreciate that you have been so accommodating of my needs, and I feel angry when you chew your salad because it hurts my brain, and I would like it if when you eat your salad, you could eat it in the other room, or alternatively, that you don't get offended if I leave the room when you eat your salad.

[00:31:50] **Dr. John Reiman:** Wow. Okay. And what does that feel like right now? Is doing that in the realm of reasonable possibility? Or is it fantasy land? Or what is it?

[00:32:05] **Andi Buchanan:** Yeah, you know, I mean, I, I started with this low stakes example because I thought, you know, this would be an easy one to kind of walk through, but there's actually a lot of there, there, right?

[00:32:16] It's about, you know, feeling like you deserve to take up space and communicate your thoughts and your needs, and to be seen by somebody else in a clear way that maybe it might be easier to hide or avoid, um, because what you want or need feels so petty. I could definitely see that this four-step technique would be extremely useful in communicating with people who, for instance, don't understand about the lingering symptoms I have since my leak or the kinds of accommodations I need to make for myself as a person with a chronic illness or a person who has had a leak.

[00:32:58] Actually having this formula makes it a lot easier. It feels more possible than just saying, “this is what I need from you,” which feels impossible to me most of the time.

[00:33:09] **Dr. John Reiman:** Uh huh, Really good and clear. It's important here to note that people listening to this may look at this example and have a variety of different reactions, all the way ranging from, “Really? I mean, you're going to actually, really?” All the way over to, “yes, oh my gosh, yes.” So these responses are more going to be projections based on people's own experience of being assertive or passive or aggressive.

[00:33:45] And so what's really important here is that the running through the four steps and what finally you come to has to have high fidelity, real congruence with your gut and what feels like, yeah, this is what's kind of ecologically correct for me and the people in this situation. Because objectively, again, you can imagine third parties listening to it and not getting it. It's very situation specific.

[00:34:18] **Andi Buchanan:** And this seems like something that we could use when speaking to our doctors very effectively, right? Do you think we could walk through an example of what it might look like for a leak patient to use this with a doctor?

[00:34:30] **Dr. John Reiman:** I would like to do that. I would also say that with a good number of the people that I work with, we end up doing pre doctor visit role plays with exactly this skill set.

[00:34:46] So let's go and be specific about this. I want to set this up just as we did the first time where imagining here that there is a conversation that you would like to have. So what's the situation? Are you sitting in the doctor's office? In the exam room? Where is this?

[00:35:08] **Andi Buchanan:** Yeah, let's say this is in the exam room.

[00:35:13] **Dr. John Reiman:** And, and what has the doctor just said that seems and feels dismissive?

[00:35:19] **Andi Buchanan:** Alright, so for this example, I'll just use an example from my own experience with leaking, and it was when I went to be evaluated at a headache center, but I had to see their therapist before I could be evaluated by a headache doctor. And I attended the appointment on the floor with the lights off. I could not sit up. I was in a bad way. And this therapist listened to me tell my story about my leak and then said, “Well, it seems like you're really isolated and depressed. We've got to get you out, you know, going out to dinner with friends and dancing!” And I was literally laying on the floor because I couldn't sit up, and she was not seeing me. And it was very frustrating. It was hard to communicate to her that what I needed was for somebody to take my pain seriously, and not just dismiss it as depression or anxiety.

[00:36:10] **Dr. John Reiman:** Okay. So, let's start with showing her that you can see things from her point of view. Or that you appreciate her. Now look, there's great irony here, because when I really want to get up and run screaming out of the room, or throw a few expletives, you're, you know, it doesn't even feel quite right to start with this.

[00:36:42] But again, let's, it's a great example because if you go to passive here and you just go basically limp and just like, okay, well, whatever, or if you go aggressive and you blast her, well, first of all, you don't, I suppose in this situation, nobody on the floor would leak pain, has the resource to blast somebody. It's all we can do to even speak some of the time. And look, this is a lot to ask of somebody on the floor in pain with a leak. Let's be very clear about this because I can put myself easily back in on the floor in the doctor's office, can't move situation. It seems like a huge ask to make an assertive statement and go through this process if my brain could even follow it. So again, this is aspirational. It has to be fit to different circumstances.

[00:37:50] **Andi Buchanan:** And I'm sure in that circumstance, I did not begin my response from a place of empathy. But in this scenario, if I'm trying to use the four steps, I guess I would say, uh, “I appreciate your trying to problem solve with me around my difficulties.”

[00:38:11] **Dr. John Reiman:** Yeah. And again, just gonna micro, micro pick at this, um, I appreciate that you are trying or I appreciate that you are attempting? Within that is a tacit reference to screwing up or to, or to you're trying, but you're not succeeding. What appreciation do you think she would like to hear?

[00:38:41] **Andi Buchanan:** Um, I'm not sure. I mean, maybe she, as a practitioner, might feel a little bit helpless seeing somebody on the floor. She might appreciate an acknowledgement that this is something big and scary?

[00:38:55] **Dr. John Reiman:** Yeah,

[00:38:55] **Andi Buchanan:** that she's not familiar with?

[00:38:57] **Dr. John Reiman:** Maybe. And that could, depending upon the therapist's ego, shut them down completely or open

[00:39:06] **Andi Buchanan:** or open them up. Yeah, either way.

[00:39:08] **Dr. John Reiman:** them up. Could go either way. Right. So, with the medical professionals, I have found that if there is some acknowledgement or appreciation around their expertise or skill or knowledge, that probably is the start point. And so here, what might that sound like? And I'm happy to help you if you'd like.

[00:39:36] **Andi Buchanan:** Um, yeah. You have any pointers?

[00:39:38] **Dr. John Reiman:** So. In the medical establishment, typically professionals, if we're talking about what it is they would like to hear—and again, you can't, if you don't feel this, you can't say it, it has to be real. One, some comment on skill, expertise, knowledge, or two, a recognition of them caring. Now, it's really in this situation a little difficult, I would imagine, on the floor in Leakland hell, to come up with a feeling of being cared for.

[00:40:19] **Andi Buchanan:** Yeah. I think that's why that my first thing that I came up with was like, I appreciate her problem solving with me and my particular challenges. Because I mean, I recognize that that's what she was trying to do. She was seeing, oh, you're depressed. Oh, the solution is get out more. So I could acknowledge that piece, but yeah, no, I did not feel cared for in that moment, particularly.

[00:40:40] **Dr. John Reiman:** you can't make it up, right.

[00:40:42] **Andi Buchanan:** Yeah.

[00:40:44] Yeah.

[00:40:44] **Dr. John Reiman:** All right. So the empathy statement is some approximation of...

[00:40:50] **Andi Buchanan:** “I appreciate you using your skills to help problem solve to try to help me.”

[00:40:55] **Dr. John Reiman:** Yeah, and again, any cookie you can throw her way is just gold because you're going to end up receiving more attention. And again, some people will say, yeah, but that's just manipulative. But human communication is built around a listener and a speaker and the ecology of the interaction colors how willing the listener is.

[00:41:22] Okay, so, “and I feel,”

[00:41:28] **Andi Buchanan:** Hopeless.

[00:41:31] **Dr. John Reiman:** So, just, again, we're micro doing this, “I feel hopeless,” again, is tacitly something that can be received as, “I'm totally screwed here with you. This holds no possibility for me.” Okay. But I think while “hopeless” refers to the communication and relationship with her, “scared” is probably the fundamental experience. Is it, going on?

[00:42:03] **Andi Buchanan:** Yeah. Probably underneath hopelessness is fear.

[00:42:07] **Dr. John Reiman:** And so, “I appreciate using your skills, and I feel scared.” Does that resonate for you?

[00:42:19] **Andi Buchanan:** Yeah, in the moment, I felt hopeless about there ever being anyone who could help me, right? Because I, I wasn't feeling like somebody actually saw what my problem was. They were seeing a different problem. So that's scary.

[00:42:33] **Dr. John Reiman:** Yeah. I feel hopeless and scared. When? This is a tough one now.

[00:42:44] **Andi Buchanan:** When you suggest solutions that are impossible for me.

[00:42:50] **Dr. John Reiman:** Because?

[00:42:52] **Andi Buchanan:** Because I have a spinal CSF leak and I cannot sit up or go out with my friends for dinner. I, I'm not capable of that.

[00:43:03] **Dr. John Reiman:** What I would like?

[00:43:06] **Andi Buchanan:** Is for you to see, for you to understand what I'm dealing with and not just assume it's only depression and anxiety and isolation, but a real physical illness.

[00:43:20] **Dr. John Reiman:** Okay. Another “what I would like” option is, “I wonder if there is someone available that I might speak with who's worked with a lot of CSF leak patients.”

[00:43:36] **Andi Buchanan:** Oh, that's very good.

[00:43:37] **Dr. John Reiman:** I'm just curious now, Andi, which of those two is more resonant with you?

[00:43:44] **Andi Buchanan:** I think that second one is very useful because it is something actionable that I can ask for.

[00:43:52] **Dr. John Reiman:** Yes. Yes. It's very specific. And it's the specificity that often wins the day on step four. What does it feel like in the moment to have now asked that? Imaginally, you have now done this in that situation.

[00:44:14] **Andi Buchanan:** Well, I think it probably feels a little bit more productive than what I did in real life, which was to just cry.

[00:44:20] **Dr. John Reiman:** So you're on the ground, and you're crying, and what did she do?

[00:44:28] **Andi Buchanan:** Honestly, I don't remember. I think we just ended the session.

[00:44:31] **Dr. John Reiman:** Did she get on the ground with you?

[00:44:33] **Andi Buchanan:** Oh, no, no, no.

[00:44:34] **Dr. John Reiman:** Would you have liked that?

[00:44:36] **Andi Buchanan:** Um, I don't know that I would have welcomed that at the time. I think at that moment, I wanted to be believed, I wanted to be taken seriously. I wanted to not be dismissed. I wanted to be seen. You know, I wanted to have somebody understand that I didn't have headaches, I had unrelenting, constant head pain. I wanted people to understand that I wasn't depressed, or that if I was depressed, it was situationally appropriate.

[00:45:08] **Dr. John Reiman:** Right. Right. So, you know, Andi, for these two examples, a few things. One, I so appreciate your willingness to come forward with two very real situations which are both real and true to your life. But I, with great confidence, can say, I know that both of your examples have relevance in Leakland, and I so appreciate you, you taking it on. Particularly at the beginning of this, you sort of indicated that you imagined assertiveness communication would be a stretch for you.

[00:45:48] **Andi Buchanan:** Oh, absolutely. Yeah.

[00:45:50] **Dr. John Reiman:** Well, I just really appreciate you, uh, stretching. And I guess I wonder, and you know, we haven't rehearsed this and there's no right answer to this. I'm curious what, upon having done these two and spent this time kind of looking at this, what you're left with?

[00:46:13] **Andi Buchanan:** Well, I think for me having a tool to follow, a template to follow, is really helpful. I think having a framework makes me feel a little bit more grounded. Um, I know for me personally, I tend to struggle with not feeling like it's my place to say anything. Right. So, having a template to fill in the blanks helps take away some of the, I guess, anxiety or even shame around asserting my own wants and needs.

[00:46:48] **Dr. John Reiman:** Yeah. Yeah. Yeah. And I think the leap to assertive communication can be a really steep climb sometimes. And so as we spoke last in an earlier podcast about self compassion, I just want to bring self compassion back up and recognize that some gentleness and some compassion toward self is really needed here because asserting in both of the situations that you reference is a big ask.

[00:47:26] **Andi Buchanan:** Yeah, especially when there's a power dynamic, right? When you as a patient are depending on a doctor for care, you don't want to do anything that's going to make you appear to be a bad patient, or a problem patient, or a difficult patient. It can be a real challenge when you need to assert yourself if you feel like your care kind of depends on you not doing so.

[00:47:46] Well, thank you so much for walking me through that and for walking all of us through that today, I really appreciate it. And for those of you listening, we do have the file in our show notes, so you can download this four-step process and practice yourself. In the meantime, we'd love for you to assertively communicate with us. Let us know what topics you’d like to see us cover, or just drop us a line and let us know what you think of the show.

[00:48:10] Email us at podcast@spinalcsfleak.org. We'd love to hear from you.

—OUTRO MUSIC—

[00:48:17] **Andi Buchanan:** 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 spinal csf leak.org.

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