



Dr. Irena: So hello, we're back for the third day of our event "Life in Love" and I have with me the amazing Dr. Carista Luminare, really a luminary in the relationship space. So thank you so much, Carista, to be here and take time out of your busy, busy schedule to be here with us today.

Dr. Carista : Thank you; it's a joy to be here.

Dr. Irena: You are welcome! Thank you so much. Um, I will have to read Carista's incredible biography to you. So please hold on.
Carista Luminare has more than 40 years of experience as a counselor and consultant and has educated individuals, couples, and families in her counseling practice. She integrates her life-long research on early bonding patterns and how they impact our identity and our adult relationship dynamics. Her powerful life changing programs bring participants into direct experience and embodiment of their true self. Carista has developed a comprehensive holistic parenting methodology and a practical approach for couples to rewire their insecure bonding patterns into a secure functioning relationship.

Dr. Irena: She is the author of the ground-breaking book "Parenting Begins before Conception". Carista has also lectured throughout the United States at conferences, hospitals and universities, and has been featured in a variety of international teleseminars and media about early attachment and human development. She is a featured blog writer at yourtango.com and she is the co-founder and president of the Luminary Leadership Institute and the co-creator of the programs offered at "confusedabovelove.com".
So welcome! Welcome Carista. Thank you again very much.

Dr. Carista : You're welcome.

Dr. Irena: And I do have a question because... that's like what??? Parenting begins before conception? What do you mean by that?

Dr. Carista : Yeah, well that was a book I wrote actually in 2000 as a result of two decades of academic master's theses, and doctoral dissertation on trying to understand how to inspire parents to prepare for parenthood before they even bring a child into their lives. And certainly we know prenatal research, which I was involved with as a pioneer in the 1980s, we know that the fetus in utero is impacted by the state of the mother's emotional body when she goes into high distress; the hormones of stress, cortisol levels, adrenals will affect the development of the child. That's the chronic experiencing.
The child will feel either insecure, or secure, even before it's born; if the mother's in a kind of ambivalent, insecure state, the child will come out already with that first imprint.
So I thought, you know, as a budding therapist, healer, counselor...I started very young; right now I'm almost 64. I started in my early twenties and I thought; what are adults doing, spending their adult years healing themselves from childhood neglect, abandonment, confusion. Not because their parents were malicious, just cause they're a product of their transgenerational upbringing



where no one really understood what healthy love is in many situations. So that inspired me to think, well, how could I really understand...the way how to prevent a lot of childhood trauma would be to understand how to optimize, you know, preparing for parenthood. So once the child is in your life, at least some of the overt parts of what often creates trauma and attachment issues can be addressed or educated.

I did that for 20 years. I did that and then I lived that model with my own child and uh, had a big parenting center in Marin County, and had a lot of programs.

Dr. Carista :

And so the early attachment has always been my thing before it was really mainstream. And then once the newer research connected how early childhood attachment styles actually impact our adult intimacy dynamics... Having been a relationship counselor as well, working with a lot of parents and couples; my two particular passions... The research has connected them.

So the book 'parenting before conception' is quite a, you know, it was a radical idea 20 years ago. It still is, but more and more people are considering they actually can have a positive impact. Like, in other words, if you're afraid to be a mother or father because you had trauma issues, developmental trauma, you know, relationship trauma, there's a lot you can do before you bring in a child to clear some of those cobwebs and those imprints, so that you feel more confident. Or at least if those patterns arise, which they will for many of us, even for someone like me who wrote dissertations on the subject, you know, these patterns run deep, then we're more committed to do something better. Whereas our parents often minimized or grandparents normalized some of these traumatic bonding dynamics.

Dr. Irena:

Was that something that you were always interested in? Or did you see something that was going on that you said, wait a minute, there is something that must come from before, that maybe there was a problem in the pregnancy of a lady or something, and you then had the child as a client or the client wanted to get pregnant, but was afraid? What was it that made you interested in understanding how that could impact somebody as an adult?

Dr. Carista :

It's a good question. Um, it came to me very early, again, before prenatal psychology was even a notion. I was writing my dissertation on holistic approaches, which was another new notion back in the early eighties. These certain gifts I came in with; I have always been a pioneer kind of 10, 20, 30 years ahead of what's unfolding in the collective.

Um, I did have an early client who came to me when I was quite young. She was older and she had infertility problems, which wasn't my specialty back then. And I, again before it was hip, I had an intuitive sense of the body/mind connection. And I remember saying to her, you know, just close your eyes and put your hand on your womb. What do you see? And she said, I see the womb. I said, just intuitively, what do you see? And she said, I see a cave with cobwebs.

Dr. Carista :

She said: a dead cave. And I was like, if I were a little fetus, would I be able to grow in that environment? And it spoke to me because I didn't at that point know I had intuitive abilities, and my intuition and I ended up working with that



motif, you know, pre-visualization psychology and such. And over a period of three, six sessions, you know, I had gotten her in touch with her abortion trauma where she was self-punishing herself and had turned off her femininity cause she didn't feel she could...she would be able to have a child since in her religion it was sinful to have an abortion. We cleared that up and in my young counseling psychology, I had some intuition there. And then we had the planted garden and nourishment after she cleared the grief and the sadness and the guilt and the shame.

Dr. Carista : And then she got pregnant like three months later, after 10 years of trying. Again, this was even before infertility was a thing. So that began my understanding of the connection between the body and the mind. And then one thing led to another, as well as having a childhood where my parents really, really thought they were giving myself and my brothers a wonderful life. Highly educated parents and um, really wonderful people, but had a lot of conditioning of, you know...my dad was a rageaholic because he lost his mom when he was young. So I saw how my dad's attachment issues caused this melancholy figure and you know, the hidden healer in me wanting to heal my father and understand how the loss of his mother just completely hijacked his wellbeing. Um, and then being impacted by his rage. 'Parenting begins before conception'... had many influences, plus other soul kind of gifts that I came in with that led me.

Dr. Irena: That is amazing! I mean, absolutely incredible that you actually healed infertility just by engaging the mind and the soul of this person. Not any, you know, IVFs or whatever we have now. You mentioned that you were a total pioneer and doing this out of intuition. What a gift. That's incredible.

Dr. Carista : Well, thank you; actually it became my specialty because the book was on how to do it naturally. A 360 page book off a 500 page doctor dissertation. And I'm very comprehensive and holistic in my understanding. Word got out in the infertility community that I work, you know, for those who especially had unexplained infertility. And then Western doctors heard of the way I work with lifestyle stress and body/mind and acupuncturists; and I began to team up with Western fertility doctors. So I did work with those who were having to use assisted reproductive technology. And again, this is when it was all unfolding as well as natural healing. And they would send their patients to me to work with some of the body /mind and a lot of unexplained got resolved because a lot of the distress being held in the body would turn the body off for various reasons.

Dr. Carista : So then I really gained a lot of confidence just having my own practice, seeing the power of the body and mind connection, and then the attachment, seeing how the attachment issues of childhood were playing out in adults, was the final frontier for me to really understand how to heal couples and those who've had difficult traumatic dynamics, myself included. The missing piece was understanding how the attachment, the subconscious attachment dynamics that we had from primary caregivers and attachment figures, really influence



how subconsciously we choose partners in what we play out with each other, and then had to heal the insecure attachment. Even the trauma attachment that we had with one or both parents, even the trauma bonding we're playing out with our partners in the name of love, is mixed with danger, threat, fear, insecurity. Cause that's what we learned, and we weren't taught that actually isn't healthy love; love is actually supposed to feel safe and secure and that's all being run by the amygdala, the fight or flight center (that tells us) whether we can stay in secure functioning relationships. So the neuroscience, the attachment model was like: oh that's why everyone's so confused about love, which is why I call my work 'Confused about Love'.

Dr. Irena: Yes! But it's kind of, you mentioned two things...It's like the trauma that is usually in a lot of relationships that are on the rocks. When you talk to the people; they had some trauma in early childhood or maybe earlier than that, or maybe they can't remember, but is always a very important aspect of this. Is it healable for everybody?

Dr. Carista : Well, trauma's kind of the new meme. It's the new buzzword in personal development models, particularly around relationship or self-healing and it's wonderful because I find, and have been able to kind of clarify, that many of us had what's often called child developmental trauma. Okay. So there's the huge trauma of, you know...I was in a car accident, or my partner betrayed me in sexual or financial infidelity; those are kind of fresh acute traumas. And then there's the chronic trauma of being with, in my case, a dad who meant well and was a rageaholic and put me into a very insecure state unbeknownst to him, cause he would be unpredictable and raging at life primarily. Not even so much at us kids, but it was walking on eggshells. That's an example of developmental trauma.

Dr. Carista : Or living with a parent that has addictions or abuse. That's scary. That's more what we call the traumatic attachment. Everywhere the child looks, the parents are scary; they are going to reject me, they're going to be scary. They're dangerous. They see them assaulting the brother, mother, emotionally or physically, you know, they need to be walking on eggshells. So that has never been discussed until this notion of trauma has really come out in the last decade.

And the term, what is trauma? When the system is overwhelmed and it actually goes into a fight, flight, freeze or fold reaction because the parent, or the primary caregiver, or the lover, or the brother, or the grandparent is actually threatening to the sense of security and safety. And the system, the being, the body/mind, does not have resources to feel it can protect itself and get itself to safety and security easily.

Dr. Carista : So that's when you know this midsection of the brain; lots of people hear about the fight or flight, it's actually like a fire alarm in the center of the brain. And it goes on in a nanosecond when we feel threat. And little did we know that we're often in family systems where one or more family members are actually threatening us.



I was just talking to one of my oldest clients, a high achieving client whose name many people would know; a high profile person who is in his late fifties and he's still at the effect of being bullied by his brother. We have just started working on this today as it's playing out with his kids. And so he's seeing that his kids kind of traumatize each other and what it's bringing up for him. His ineptness, his fears, anger for him to access this developmental trauma he'd suppressed because the family normalized it and minimize it. 'That's just what brothers do'.

Dr. Irena: Right, right...

Dr. Carista : That's an example. There could be mild, moderate or severe trauma. There could be, you know, like I said, some of that is just what brothers do and kind of early testosterone, or what siblings do. Parents fight, they get to have anger, you know, it's not necessarily trauma cause your parent gets angry, it's how often it is. If it's the normal feeling, you're in fear and threat most of the time, that's more severe. If it's like, you know, it happened enough for me to kind of be afraid of being with someone who got anger issues, but I can still be with that person, I just have got to work through stuff that's milder.

Dr. Irena: Yeah, that's right. And it doesn't really matter whether this is a perceived danger or real danger to the person who would react. The brain will react the same way and maybe the brain is wired from way down the lineage to react. Whereas somebody else would say, "whoa, you're totally overreacting", but it's not their fault.

Dr. Carista : Right. So that's a very good distinction you're bringing up because you know, in the attachment model, I couldn't... I'm going to give you a little bit of a long-winded response to that. Well, I'll give you the conclusion and I think it would help the listener to understand things about the attachment model. So what you're referring to is what happens when you're in a relationship with someone. It could even be a friend, you know, your child, your lover, your business partner, whoever. The feeling of the threat is so overwhelming against the other person. And we go into a strong reaction. It's kind of a dysregulation we're walking into, just like, 'but this person is scary'! They feel like the other person is like a predator emotionally. And they're just, they're having a bad day or they snap or... It's just what I would say; the reaction is disproportionate to what's actually happening.

Dr. Carista : That's what we know, particularly in a couples dynamic, or in a child-parent dynamic, that there's scar tissue and there are earlier incidences. So many of us, like I, had a rageaholic dad. So my guy Lion, he's one of the speakers here, he's not a rageaholic. When he gets triggered though, he can go more into the quiet anger, you know, just kind of get angry and go quiet. To my amygdala it's the same, it's like the masculine getting angry at me. 'Uh oh, I'm in trouble'. And part of the challenge is, I can just see if his lips start to purse; it's all non-verbal before he even says anything; he often doesn't say anything cause he's more avoidant. But it's like I can feel the anger simmering into my amygdala. It will start making things up. Like I'm in trouble, he's upset with me. Maybe it has



nothing to do with me! Maybe it's just like, you know, he's got a headache or he's just a little edgy that day, right? But the child primitive part of me, with all the scar tissue, would hijack me and start making up narrative instead of my adult going, "hey sweetie, it looks like you're frustrated or upset with me. Are you?"

Dr. Irena: Right, right. But the problem is also that people...they don't know yet what scar tissues they have. So they might not be able to be in the space of saying, oh, wait a minute, maybe it's not even directed at me. Because I remember that happened to me as well, where something imprinted. And I noticed years later that, "whoa, wait a minute, that was not really meant at me at all", but I still had the trigger and I still had the pattern. And it was almost impossible to get rid of before I knew Lion (and the Clear Beliefs method)!

Dr. Carista : Yeah. And, in reference to that point where I said that I could have had a set up to answering that question, it would be, if you feel it would be helpful for your listeners to talk about the four attachment styles because they're driving all of the reactions.

Dr. Irena: Oh, very much so. Please. Yes. I'd love to hear about those.

Dr. Carista : Yeah. So the research (found), even for between parent and child, when the attachment model was developed in the 1950s, and then it got connected to the adult dynamic more in the last decade or so, that there are four attachment styles; three one sees primarily on the Internet if you'd search attachment styles, in, you know, Wikipedia or something. And there's a fourth one that's in many models that I actually adapt as well, cause it's the trauma attachment. Um, most people don't explain why sometimes it's not included, uh, why there's only three.

Dr. Carista : So let's just start with secure attachment. Secure attachment is basically 80 or more percent of time, so four out of five interactions. The parent-child, or in this case the romantic partners, have a feeling of: I'm safe, I trust, you're here for me on a priority. You're my go-to person. And primarily what defines secure attachment is when the child, before it even speaks to throughout its life, puts out a signal of distress to one or more caregivers, the caregiver then makes that distress the top priority to co-regulate and is there; you need me to hold you, talk to you, soothe you, and help you feel safe again. Cause you're too young as an infant, and you don't even have words you don't even know. As an adult we see that if the partners are causing each other distress, very few of them, if they didn't have someone co-regulating them and making their sense of seeking security physically, emotionally, energetically, the top priority, know they can depend on someone.

Dr. Carista : In the secure functioning couples, they make each other's distress the top priority to relieve. It could be, we come home from work and we're distressed about work. I'm here for you as your go-to person. I regulate you just like you needed it in childhood. And if I am the cause of distress, we as a couple make it



a priority to relieve that distress and repair that distress as soon as possible. And that's what defines secure functioning couples. It's like we commit to keeping each other safe and secure and because we have patterns and triggers that happen automatically, for some of us more for than others.

We use those triggers to help heal each other rather than hurt each other, in that we don't want to be a source of threat. Why is that important? Because the research shows that the healthy long lasting couples, like 20 years of research and over 2000 studies, show that the one element of happy, longstanding couples is that they made each other's distress the top priority. It doesn't matter whether they do it from need, or they came from same backgrounds or cultures.

Dr. Carista : And why? Because the research also showed, this is in the last 10, 15 years now that we know about the amygdalae, that we actually never outgrow the need to feel safe and secure. We never outgrow the need to actually have someone in our life to have as our person to co-regulate us. Just like when a child had at least one attachment figure who was that 'you are my safe zone, my oasis in the desert of life'. "Mommy, mommy, Joe, you know, my brother, has bullied me! The playground bullied me". That matters to me (the caregiver). "I'm going to protect you and make sure that it doesn't keep happening to you". That need creates an independent, healthy child when they've got that go-to person to come back to. Like I had my mother, as complicated as she was till the day she died, you know, which was when I was almost 50.

Dr. Carista : I knew she was always there if I needed her. It was just, mom, I'm in distress. Whether it was do you need money when I was younger, or you know, my marriage is on fire... you need me to come? Or I'm going to the hospital... Do you need me to come? That's that. We never outgrow that. Now the good news is, if you have a secure functioning adult partner, they become that (go-to person=safe harbor). If you don't have a secure functioning partner, then it's your best friend. It's your sister, it's someone important to you. And if it's no one, then, perhaps for many of us who are healers, we are that for people. We are their go-to. I have people who work with me for decades and I'm like their backup when no one else is there. So we never let go of that need and it actually creates healthier, more independent adults to have someone to have secure functioning with.

Dr. Irena: I do have a quick question about this now, thinking about you're saying we never let go of that need, which makes total sense to me. It's yes, initially it's probably the parents or it should be the parents. Hopefully it is. And then maybe it becomes, you know, a good friend until there is a life partner. What if you don't have that? Um, and does it have to be a human or is it okay when people say, well it's God, you know, I'm praying to God, this is my backup. Should it be a human, is that better?

Dr. Carista : ...or a dog or, um, some people have very deep relationships with their pets, but there's nothing to replace a human that hugs you. The nervous system...There's



nothing that can replace the interpersonal human experience of someone using their words and saying, I got you. I hear you. I understand you. Mirroring back, I get it, you're really afraid. I get it. That sounds unfair, what happened to you. You know, so the human intelligence to give co-regulation is, as soon as it's happening, to just hugging you. I see you, I hear you. I feel you. Sometimes it's giving wisdom and advice to take you to the level where you're blind and ignorant.

But, you know, the God source, of which I have a very strong connection, can also give insight and information. It's a place where we call that self-regulation, where it's between you and not a human being. So the difference between being an adult and a child is that the child doesn't know how to self-regulate. So then you're either securely attached or insecurely attached...just weaving your point into the next style.

Dr. Carista : There's two insecure styles. That means when you don't feel secure and you go into a fight or flight reaction, you get hijacked. Then it's stuck in your brain. That person feels threatening. Therefore you feel insecure. There's two styles: insecure avoidant; insecure anxious. Insecure avoidant is the one who learns how to self-regulate way too early.

Why are they avoidant? It's a feeling of, you know, "this person doesn't value my feelings. They don't care about my feelings. It's the parent who when I cried, they didn't come and pick me up and care. It's when I say I'm really hurting, they kind of dismiss my feelings. They're really withdrawn from me, you know, they shut me out. They're kind of cold and I feel rejected. And so as a child I say: forget it. I don't even know that I can depend on someone. I don't even know that being co-regulated by someone is positive". So I don't even know to look for it.

Dr. Carista : In a sense they become non-relational. Now they can appear self-regulating. Now we're seeing kids self-regulating off their iPhones, off technology, kind of inanimate, you know, or they could even use a pet. They could have their imaginary world. They're self-regulating. But what concerns us is it's kind of like the child where the mother comes in from daycare or the father or the caregiver, and the child's self-regulating because they haven't really had a lot of connection early in life. And the child who's insecure avoidant won't even turn towards the parent. They're like, I don't look to them to depend on, you know, it's kind of transactional and objective. I'm kind of an object, whereas the insecure anxious, which is the opposite, (happens when) sometimes the parent's there and sometimes the parent's not; so we call it ambivalence.

Dr. Carista : They get preoccupied even when you're there; "I'm anxious, I could lose you". And so there's a sense of, you know, uh, "I can't count on you. I can't trust the connection". They get very preoccupied with being abandoned emotionally, physically, and they're often in the adult relationship the pursuers, the complainers, the criticizers, the escalators. Cause as soon as (and they often connect with avoiders, cause they're used to that) the person who, when they're triggered—we're talking about when you're triggered, you're insecure anxious, or you're insecure avoidant. Insecure anxious are more the fight, "I will



fight you. What do you mean I need this connection? I'm anxious, I'm losing it, you're ambivalent. You were there and now you're not!" And they escalate and they're more anxious. The avoidant (type) is like: "I'm overwhelmed, I'm out. See you later". That's the flight right now. "I don't even know how to cope. No one taught me the benefits of being held, heard and seen. So I'm overwhelmed and really insecure cause you're all flooding me with your pursuing, I don't know how to cope. I'm out of here". Which makes the anxious more frantic because they're being more abandoned.

Dr. Carista : That's where the vicious processing happens a lot in couples who come into my office and to many counselors, because they actually have opposite needs to get back to secure function. The insecure avoidant needs space to get back to center. The insecure anxious needs immediate connection or they get more frantic, so we teach them how they have to care for each other's styles. It's like if you're going to take space as the avoidant, do it in a way that leaves the (other) person feeling connected and telling them when you're coming back, you know, for the anxious, no, you don't get to just pursue and yell cause you're going to flood them and they're not going to be open. You gotta honor their space but let them know, you need them to come back as soon as possible.

Dr. Carista : And then the fourth style, which has to do with trauma, is called insecure traumatic. Not everyone has that. It's usually on top of one of the other two insecure styles, the insecure anxious and the insecure avoidant. So the history of traumatic is when the feeling of fear and feeling that one or both parents were so scary that you actually never get out of the trance of feeling like your parent is like a rabid animal that could attack you any moment. Think about it; in the jungle, lion and lioness...(laughs)... You know, my partner's name is Lion, so it's always a little hard for me to say it...the cubs come back from the jungle of life and they're going to be protected.

Dr. Carista : But if one of your (parents), you know, the lion or lioness is kind of rabid, like they're scary and they've got some disorder, then you can't even look to them to keep you safe in the jungle of life. And you're constantly afraid, not just of life, but your own parents clawing you or growling at you, or chewing your head off, and then you literally develop your nervous system in what we call a dysregulated, disassociated state. They're usually the ones that when they get triggered in a relationship, they're creating all kinds of stories and narratives. Just the slightest thing will trip them, and they need the most amounts of help from the partner and/ or the healer to actually, dismantle that whole defense strategy and learn how to calm down and self-soothe. So self-regulation is really important, but not as having to be the normal way. When you're triggered, you become avoidant and you think, oh, I don't need that person. They can handle it themselves. That is not normal, but it's an option. Yeah. The insecure anxious has to be able to, when their partner needs space, to be able to self soothe themselves (if you learn as children). And then when their partner's ready to connect, they're more regulated. That was a lot of information. (smiles)



Dr. Irena: (laughs) Yeah. So with those four styles; even the secure people, you know, at some point probably can feel avoidant, or can feel anxious. Nothing's black and white in medicine. Now I'm guessing nothing's black and white either in that particular instance. Can people grow from one into another or learn how to, not only learn *how* to, but know *what* to do with a partner who is, let's say insecure avoidant? Could they go grow themselves into becoming a partner in a partnership that is actually secure?

Dr. Carista : Well, yes. Cause that's what Lion and I did with each other. You know, we came from, uh, we were later life partners. We've been in partnerships before that with our daughters from two other partners. When we came to each other, I actually was coming out of a traumatic experience and he was highly insecure avoidant, only with his primary partner, and when he got triggered. He was a big community leader in men's groups and a wonderful father, but with the female... Cause that's where his mother-wound would show up. And I met him right when I was getting into the connection (stuff), showing the attachment between childhood and adult intimacy, which I didn't have with my previous partner, which is why things slid. So I was like, you know, "I'm looking for secure attachment" and he goes, "it sounds good. I'm not very good at it". But he goes, "I want to learn". I was like, "it's a risk". (laughs)

Dr. Carista : Okay. Of course, you know, uh, can someone really rewire? So we developed the 'confused about love' body of work, primarily out of rewiring each other. And of course I have hundreds of clients and he's got clients. It's been my primary work where I've just really been able to, you know, see how to do it. And I'm a trauma specialist. I get really complicated cases. And I have... somehow word got out. And those who are practicing open relationships, which is really complicated when you bring in a third party. Young kids in their 30s and 40s and so I've got a lot of betrayal dynamics and confusion about what secure love is and you know, where they kind of hurt each other cause they don't do it consciously. They don't realize you're actually kerosene to each other's insecure bonding systems. So I've had tremendous amount of experience now, um, to see those who have very deep complicated trauma.

Dr. Carista : Yes, we call it rewiring; that's from the neuroscience; one actually has to kind of get into a relationship with a counselor who specializes in early childhood trauma and attachment. So they can hear in particular what I'm listening for is...from healing myself and Lion and so many people, is where the distress is. You see wherever their distress is, that's where couples need to be focusing. Cause as long as you feel threatened by your partner, you're going to go into fight or flight, which puts you in your primitive warring brain and you're in your child primitive parts, totally in adaptive defense strategies. Why? Because the prefrontal lobe, that's up here, is the loving brain. It's where the left brain has rational ability to understand, which is what we all want when we're triggered; collaborate, which is to come to mutual solutions, appreciate each other, be patient, create positive connection...



That can only happen when we're not hijacked in fight or flight. It cannot coexist. That's why the neuroscience was,... you can hear my passion!... It was such a critical piece to understand: well, if we get threatened by each other and hijacked in fight or flight, where we all go into insecurity; again, preventative; how do we optimize staying in security?

We have to be really interested in learning from each other what puts us in distress and wanting to change those behaviors incident by incident. It's really incident by incident and rewire.

So an example, I'm just my bold, authentic self with my partner speaking my truth and in what I think are responsible ways. Little did I know there was something in the tone of my voice that reminded him of his critical mother and we come from a similar culture and so I was like, "Hey I'm sending my truths from my adult self" and he would just hijack into this very primitive reaction quickly.

Dr. Carista : I couldn't figure out what it was. "No one else does that with me, no one else". (that was his reaction). But I had to learn that there was something we call the voice prosody, not even the content because we're tripping each other often with these non-verbals. This is another part.

It was, you know, you can be talking, I am having my feelings, rolling my eyes and the person feels completely dismissed and you haven't said anything dismissive, but it reminds them of their disinterested, dismissive parent.

So there are all these non-verbal things we're doing as well. Their voice tone sounds like our critical scary parent. Or like when Lion is just moving a little bit of his mouth when he'd get angry I was assuming he was angry with me. He was just having feelings. So we're picking up non-verbals as well as content and we have to learn even if we didn't mean it. Like I'm just having my authentic adult feelings and he's telling me: you sound like my critical mother, I have to care. He's telling me it puts him in distress. I have to want to be aware of my tone of voice.

Dr. Carista : Now how would you practically rewire that? It'd be like, "hey honey, I'm not aware because I'm a strong expressive person and I don't know when I'm hitting your child wound". Cause other times it doesn't hit your child wound. So part of us rewiring this is we need to find a positive way for you to let me know where *you* won't put me into critical mother and *I* don't go into defensiveness and you're shutting me down and not caring for *my* feelings, which was my childhood wound. So we have to really look at what would be the new practice.

Dr. Carista : For example, "tell me what would work for me". Don't tell me, don't judge my voice cause I'm thinking I'm being effective. Tell me in a positive way what you want. That empowers me to go like, "hey sweetie, can you talk softer"? Or like, you know, just do it. Can you be softer in your voice. Can you be more loving? Then he's telling me what he wants in a positive, empowering way, rather than doing the very thing he gets upset about that I would be critical. That would be an example of rewiring, and that's what couples have to get into committing to. We are committed to lowering that distress. Remember the couples who are happy? Especially if we're the cause of it (the distress). Even if we don't mean it.



- Dr. Irena: Yes, so everything is highly, highly complex. Would you say this would be the healthy love that you were talking about? You're talking about healthy and unhealthy love, which one is what now? Would that be healthy love to just let the other person know: I do deeply care. I really do, and I'm sorry that this triggered or poked you in any way. It's not my intention.
- Dr. Carista : Exactly. It's one of the five keys to secure functioning that we kind of developed to simplify what our secure functioning practice is, what I call "Own, Care, and Repair." No, "Care, Own, Repair"...I reversed kind of my own little formula. (laughs).
So we care about our impact. Even if we didn't mean it, we own it. Sorry. And especially if we know, oh, I was judgmental, sorry. And we are repairing as soon as possible. And then the amygdala goes, oh, they care about hurting me. They care about, you know, overwhelming me. That's what love does.
So it's not about perfection, you know, like you said, we're all a mix. Even secure functioning, we get triggered. You know, even with parents, we've got a busy day, another child, you know, the child's needing us and we have to pick up some texts, we have to go to work. It's just like how we make those transitions so that the person is feeling loved and knows we are safe and secure. We know they want to make us priority, particularly when they leave us feeling insecure, whether they mean it or not. They're empowering our true selves. And as couples we're doing that together. Whereas parent-child is where the parent's responsible, age appropriate to the child. So there's no perfection here.
- Dr. Carista : You know, healthy love is basically: we want to optimize lowering the threat. So then we can be more pro relational, mutual understanding, caring, appreciation, love flows. When we're not threatened, we're up here (points to her forehead, and thus to the prefrontal lobes, the rational brain) and that when we do trigger in these primitive states, we want to care, own, repair each of us as fast as possible to get back to kind of...these are the kinds of yellow or red states when we're in danger. "Uh oh, you're scary. Oh my God, you are dangerous". That's red. Yellow is like "you're feeling dangerous, but I could go either way". Green, you know, it's like a green light from the prefrontal lobes like now, "it's OK, you know, what's your truth? That's my truth".
We're caring. We chose priority. We're in each other's care. So we want to optimize staying green. And know when we're yellow or red and do something about it, not just normalize it. It's not normal to being distressed with someone you love or create distress or them.
- Dr. Irena: It shouldn't be right. But I think that's a really good thing to remember. Care, own, repair. Yeah. Really remind yourself; you care about your partner. This is the love of your life, for God's sake. Why am I snapping at him? Just because I was like overwhelmed and triggered and he talks and I'm trying to focus? Okay, I can see that.
When that happened to me when he was yelling at me; I was doing something for him actually. And then wanting to talk about it. I said, yeah, I finished this, and he's yelling: not now! And I was telling that to somebody and they go, oh my God, how could he do this? How rude! I'm like, no, no, I understood,



because it was...his reaction wasn't meant personally, wasn't meant against me. And so he was able to own that because I didn't judge him at this moment, and afterwards said, sorry, I didn't want to snap at you.

And I had to learn this myself too, because it's so much easier to stay in the trigger and then be in the righteousness and to be, oh, I want to be right. I need to be right all the time and you know, give in to all of these kinds of base instincts and living down there instead of engaging your rational mind and (utilizing) the knowledge we have now, where we know we can repair it.

Dr. Carista :

That's right. And your heart, I mean to care is a feeling, you know, it's a love compassion virtue.

The righteousness is such a problem, particularly with kind of high powered minds that are really good at building a case. I confess! (laughs) And you know, and we want to be, we don't want to be wrong, then we need to be right.

When you're in that kind of dynamic, rather than the pro-relational position, we talk about collaboration being each other's cares, and mutual understanding.

Really behind all that fighting, I just said this to a couple last night, my last clients...she's right, he's wrong...no, you know, neither of you are right or wrong, you just both want to be understood and it was just like: ahhh, yeah...

You know, and these are 60 year olds just coming together, to try to live together. And they're like, we keep tripping up.

Dr. Carista :

And it's like, you know, as long as one needs to be right and the other's wrong, their feelings are devalued. It's more like you had your experience. It's true. And she had her experience that's true for her. Now let's try to understand what you're feeling and then find where the shared reality needs to happen.

And so when we need to be right, we're completely self-absorbed. We call it anti-relational. It's more of a narcissistic response; it's not precisely that, it's sort of self-absorbed.

We just call it for what it is and I said that to Lion. And it was like "I got hijacked because I felt really overwhelmed by your righteousness and I got protective and judgmental. I got righteous back. I'm really sorry. Let's kind of take a 5 or 10 minute break and get back to green and then try to understand each other."

These are deliberate practices that come out of realizing if we keep communicating these overwhelming threatening states, we could both be right after an hour or two, or a fight. We're not going to feel good and we're not gonna feel connected. You know?

So the purpose of what is love; love is a positive connection. Love is feeling, I'm in this person's care and they're in mine. There's mutual sensitivity.

Dr. Irena:

Yeah. And to remember that even if you are right, the other person could have seen it differently than you. Cause it's very tricky to remember something exactly the way it was. "Oh, but these are the facts". Well wait a minute.

And I know that from personal experience. It happened to me; I am guilty of that, saying, "but no, that's exactly what you said". And he goes, "well that's not what I meant". So that's the tricky part. Right? Then you got to kind of be mature enough to then step back and say, okay, I accept that what you said is the truth for you.



Dr. Carista : Exactly. Yeah. Because we're all filtering through what Lion and I often call your blame filter. Like I have such a sensitivity of being blamed from my childhood. He has such a sensitivity to being shamed. That if I do anything in a shaming way, his filters are like gonna scramble everything. Plus it's just going to be really dismissive. If he does things in a blaming way, even if he doesn't mean to or doesn't feel he is, then I'm going to filter it and be defensive. So we want to keep the mind feeling safe so it can hear and yet we all do trigger each other. So we have to be sober to the fact that... to your point... it happened in my last client yesterday. They have this very issue.

Dr. Carista : You know, they're moving in (together). "I feel that there's a million reasons why she wouldn't want to move in. Why she shouldn't move in" (he said). And I saw her completely get triggered, she gasped b/c she's moving in two weeks, she's selling her house, right? And she goes, "you're doubting me again!" He goes, "how dare you say I'm doubting; you're doubting!" Okay. Now what I broke it down to was; it was his belief that she comes up with a million reasons. He's afraid of her doubt. And he *was* actually talking about her. But the way he said it sounded, like both of us heard, he was talking about *his* own truth.

There's an example where if the communication truly isn't clear cause we're not being direct or we're projecting, or we don't know how to put out our needs and feelings clearly, the other person is not just making stuff up. They're actually hearing, pretty likely, because of the way the person said it. But he didn't hear it that way. He thought he was actually communicating that she had the problem of ambivalence. It was amazing to watch this. There's an example of what you're saying.

Dr. Carista : So what matters? Don't make assumptions. You feel triggered, say, "sweetie, that really threatened me. I feel you're doubting whether to go, I should move in in two weeks. Is that true?"

Dr. Irena: Right, right. Don't make assumptions!

Dr. Carista : Ask questions! Is that true? And he'd go, no I didn't say that about me; I'm 100%, he said, I want you to move in. It really didn't come out that way. And sometimes we do make stuff up or we say something when we're triggered and dysregulated in our non-rational inner fight or flight response. And we did mean something else, right?

Dr. Carista : We've all said things we didn't mean to say when we were in fight or flight because we're in warning brain, so we're not in the rational brain. We're hijacked and we say things out of our filters or pain body and then it's not what we meant or felt. So that's where the Care, Own, Repair is like, "I'm sorry, I was judgmental. That was my child self, you know, that got really judgmental. I'm sorry". You know?

And then as soon as someone says they are sorry they own it; it's like: drop the case. That's what we want. We want them to care and be aware cause why do we build the case? We're afraid it could happen again, so they're working on it.



You reward them, saying thank you. As soon as I would get in the most extreme craziness with my guy, (doesn't happen that much, but if it does and it did in the past), if he comes in with genuine remorse and says, "I'm sorry, I realize my child...you hit a shame filter and he (the child self) really was nasty and acted out..." And I go like "thank you".

I mean that's it! Like you're working on it, you see it, I don't need to shame you back into it and run the story.

Dr. Carista : And then, how do we work on it? "What do you need from me? Where do you need to work on yourself so that it optimizes it happening not at all or at least less and less?" That's care, own, repair. It's not perfection. It's not like you wanted to do it a hundred times. If you have a lot of trauma triggers or insecure attachment wiring, you want to find someone and commit to someone who wants to rewire with you. So even the most traumatized people at any age... If you knew my trauma in the 64 years, you'd understand, I can say this with absolute conviction.

Dr. Carista : I mean sexual abuse at a young age, assault, rape, date rape. I mean, you know, financial infidelity. I've lived all the facets of trauma to my body and my mind. I mean, coming from a highly educated background, you know, and karmically, the male aggression towards the feminine, it was normal for me to choose men like that. I also chose men that were the opposite. I know that as well. And now I have a man who's really integrated and healed with me. But you know, it took me until my 60th birthday, it's like: finally I'm free of this. Some of us have to spend a lifetime. Some of us luck out with a partner that really either had secure attachment or wants to learn it with us. Some of us are secure attachment because we had it and have a partner with a lot of trauma, where we have to be more the healer in the relationship. Some of us have been tolerating a lot of insecurity in the name of this is what my parents taught me, and I actually didn't know I had a choice that this wasn't normal or healthy. Now I have to find out if my partner wants to learn this path of rewiring from the secure attachment, wants to commit to not threaten each other. Yeah. Any couple can learn and help fuel each other, but you need both who are committed to wanting to reduce threat and optimize security in order for that to occur.

Dr. Irena: Do you feel that it's absolutely impossible if there's just one partner coming forward and saying I want to do something about it and then is just starting to heal themselves and the other one's... kind of to me seems it's like a no-brainer that the other partner wants to come on board because there is like a huge thing going on, whether a divorce that costs a lot of money, children are involved, whatever. There's big trauma happening but...

Dr. Carista : Well, we know 50 plus percent of the couples, when they get in these triggers, don't succeed, because they don't get the help. They don't know they can rewire. Some of them weren't meant to be getting (together) in the first place because it was really their kind of shadow insecure trauma-bond that brought them



together cause it's familiar and they really weren't compatible. And there's a lot of us... we're role modeling; we don't know that the person matches that, and they just outgrow each other.

Like one wakes up and says you're not the right person, cause you aren't showing me you want to heal with me and you don't show me your interest in learning how to be loving and you are threatening most of the time.

You notice that out of four to five interactions, minimal, that's 80% minimal, for secure attachment, increasing to the high nineties over time...that you were just going to stay in this primarily insecure trauma triggers and you're showing no signs...You can't force someone to want to rewire themselves.

Dr. Carista : It takes a lot of self-reflection and often professional help, not always. If one is open, like Lion was open, to my influence. He was like, help me. I want to learn. He took on the study with me. I was ahead obviously, it's my life's work and he was open to influence, as we call it. And I had to take a risk, like I did wait a few years to see if he was going to really self-sustain his own ability to be secure functioning because I didn't want to be a codependent, which I had been, where I'm like managing his ability to be loving or controlling it.

Dr. Carista : So you know, it's just very hands on. And then I've got couples that I thought were going to take years, and then we'll do an intensive and you know, boom! I thought, my God, this is like two, three, five years because that's often (needed) when there is insecurity, where's betrayal and infidelity. Usually with betrayal and infidelity, one or more incidents and certainly serial...you're talking about two to five years with the best of healers. And that's before the attachment model. People were saying that, because to earn the trust back takes time. The person has to really understand why they went into the betrayal. So it just depends. You know, there's a mild, moderate, severe spectrum. There's some people who are quick learners. Some people who just have the gift...like Lion who was like, I never knew I needed secure attachment. I didn't know what it was!

Dr. Carista : As soon as he took that on as a path, you know, that was already 50% of it. Whereas if you take that to your partner and you say, "Hey, you're causing me distress", and they're indifferent, then you're not going to grow very much with them. Now if you say I want to stay with this person because I love them, they're not dangerous, their threat is pretty low, it's not that often... I'm going to work on my triggers, like I'm not going to go into withdrawal, severe withdrawal, or I'm not going to go into severe escalation and work on that, and I'm going to learn how to be secure functioning; most of us will be threatened less, cause we'll be in less reaction. That can make a difference.

Dr. Irena: For Sure. I'm totally sure it does, cause I'm also feeling just sometimes one partner has to see the possibility that this could change and happen if the other may have given up already.



- Dr. Carista : And, I have to say for the balance; for many...no matter how much wisdom and knowledge you have, how much you've written the doctoral dissertation (points to self) or know it and can teach it to others...
If someone's not open to change and doesn't want to change, there's nothing you can do. If they choose to remain ignorant or they're not interested in being loving and they are righteous or their narcissistic wounding is such, or they feel too threatened or you know, it's like on the developmental level.
So I often say to people, you know, your partner's kind of in pre-school in terms of relational intelligence and understanding pro-relational behavior. You're in graduate school or you're in 12th grade. You have to be patient. Now, if they're just going to stay in preschool or k through five, and you want to play at high school or graduate (level), you're going to have to accept the speed in which they learn pro- relational skills, being each other's care, secure functioning, feeling safe and secure and soothing each other when in distress.
- Dr. Carista : And if you will love this person, or you feel like you want to keep an intact family, then accept they're going at a snail's pace or they're not going to grow much, and you're gonna have to find other people in other places to get your needs met for secure functioning.
And don't expect much; you don't get to demand they're in high school or graduate school with pro-relational professors if that's what you want to play at. It's an emotional child here because of their conditioning, not because they're bad. They never learned how to be pro-relational. That is a skillset.
- Dr. Irena: Yes, I think that's extremely important to remember. It's a skill set and that's why I also firmly believe that there's a lot of stuff one can learn on their own, but these kinds of things, I think you would really need a professional to work with.
- Dr. Carista : Professional or you know, studying attachment theory and models. And those of us who have, you know, like I have online programs that people can get the basics or (then) work with a coach or counselor. Um, there are many of us who specialize in attachment.
Now I work with people all over the world. I've never met really complex trauma through Skype or facetime. Some people need real time people, the human experience of people in private practice; some even fly in for intensives.
There's people in every major city now who's doing attachment work; everyone's got their specialties. But go find at least a healer who can really help educate and heal.
In couples counseling I personally wouldn't work with anyone that doesn't have attachment understanding and understand that the neuroscience of the fight or flight is so quick.
- Dr. Carista : I was just telling a couple yesterday; in the old days we just sit back and the notion was in the eighties and nineties just have your feelings, have your truth, right?
"This is my truth!" While they whale on each other and we just sit back as counselors and let them have their feelings and kind of beat each other up and



let their rage up. It's like a complete waste of time. Why? Because they're in the warring brain in the mid-section, where in primitive reactions no one can hear each other. There's no ability to understand. We're just in defense of being attacked.

Dr. Irena: That's what they do (many counselors) anyway, I know, right?

Dr. Carista : Exactly, and they (the clients) walk out bleeding. It's like "I had my truth". I'd say, great, do they give a crap about what you're feeling? No! You're an enemy to them. You just dumped. Yeah. You feel good. You discharge on them like a lightning rod and nothing got (solved), no safety or security occurred.

Dr. Irena: Yeah. Nothing got resolved.
So I just asked your husband before, what people or couples could do if they're in crisis and they really want to get help ASAP. And now you said they could go either to confusedaboutlove.com and do some courses. But if they would really need more help, you said you even work with highly traumatized people. If they feel that's us, um, how can they reach you? How can they get in contact with you? Get the help they need?

Dr. Carista : Thank you. Confusedaboutlove.com has an inquiry form.
You can find me; me or Lion, carista@confusedaboutlove.com or caristaluminare@gmail.com.
And the first session for me is always two hours because I really need to hear like what the whole history is, both childhood and relationship dynamics. Then I know where the attachment issues and the developmental trauma issues are and then if they want to continue, that's a session by itself, then I really hone in on where the distress is, where they're getting hijacked in real time.
And I have to make sure it's a match; if their trauma is such that they really need in person (therapy); if they can meet me in person. Some people work really well with Skype/Zoom and some don't. So you know, it's just, it's a complete session unto itself. They'll get a lot of feedback, but then it's just session by session. I work with couples together that way, also intensives, people fly in. Um, so that's how I work.

Dr. Irena: Do you work only with couples when they're both present or is it sometimes you'll say, okay, I'll work with one partner and then with the other, then with both of them together; and this can be all rolled into one package?

Dr. Carista : I just got off one of those now!
A couple I work with together and they took a break and he wants to reconcile and I said, we have to ask her. So they come in as a couple, then they have to ask permission cause I'm a secure attachment so they have to feel safe with me. So some counselors will only work with a couple and they have to go elsewhere (if they want solo support). Many of us have the skillset and the ability to work with them together and then do solo work. But I always say, you have to ask permission if they come as a couple. Now if they come in solo, then they're free. They can say, I want to bring my partner in. They are the gatekeeper of the



relationship, unless they really get into a solid couples dynamic. This is the feeling of safety.

Dr. Carista : And the one thing I say to them always is, I will not hold a secret like an affair. You know, because I'm a secure functioning counselor, so I'm not going to do something that would create mistrust. And that's how I do it. I have to get written permission before I can talk about the other. I almost always do. And it's rare where I become the issue; it actually happened recently for the first time in decades and I... The danger is that one will go and say: "Carista said", which is not what I said, but they'll used me and they misconstrued me, and the other got really hurt and then you know, I'm fine with that. It's like, let's talk about it to hear what I really said and what's true. Not to implicate the other, but they, you know, just out of their interpretation...

Dr. Irena: What they interpreted wrong...

Dr. Carista : Or the primitive parts we use say "she said", cause it's really what we want to say, but we feel too scared to say it. Anyhow, that that was the first time in a long time. That's the kind of thing where I say if that happens, you have to make a commitment to come back and resolve that misunderstanding with me. It's very rare that happens because I don't want it to be out of the misunderstanding, um, you know, cause I don't want to be a source of threat. Um, so I work in all combinations. It has to work for both people. They come in as a couple.

Dr. Irena: Well thank you so much for everything, Carista, thank you! A lot of food for thought here for the audience, I'm sure. But if any one of you feels that they want to get counsel from the highest level and *the* top expert who created this whole thing and was on the forefront...

Dr. Carista : One of them...

Dr. Irena: One of them, alright, but you said yourself, there was nobody doing this years ago. So really, yes, it can be done online, can be done in person, can be done with the two of you, or one after the other, whatever, you can find her at confusedaboutlove.com and then fill out the inquiry form.

Dr. Carista : Yes. And thank you for the opportunity to...I always want to say, talking about trauma, it can be healed if you get the right healers. You have to do the work. Sometimes it's solo work, you have to go back to your own filters, your own conditioning. It's not your partner's work. Sometimes it's with the partner if they're willing to, you know, learn how to be that loving source you never had, and just find the right people. And for some people it's just, you know, it's a long path and you'll just feel healthier and healthier. And for some people, you know, it's shorter, and as crisis reveals, you've got more work to do. We go in cycles, but trauma's really is



healable, unless you have a biochemical imbalance or the other person does; then you know, it's a different...if there's personality disorder it's much more complicated.

- Dr. Irena: Very, very well said and very important to know. It is healable and I've gone through a lot of this stuff that you've mentioned, Carista, and I have to say when you come up on the other side, nothing's better than that.
- Dr. Carista : Nothing's better. Yeah. More of your true self and less than your defense systems running you.
- Dr. Irena: Yes, exactly. So thank you so much. Thank you so much for coming on here. And like I said, taking time from your busy schedule and enlightening us, Ms. Luminary!
- Dr. Carista : Thank you for the opportunity. Wonderful to talk.
- Dr. Irena: Thank you, Carista, ciao.
- Dr. Carista : Bye!