





Session 544:
Relational EMDR Preparation
Antonieta Contreras, LCSW-R



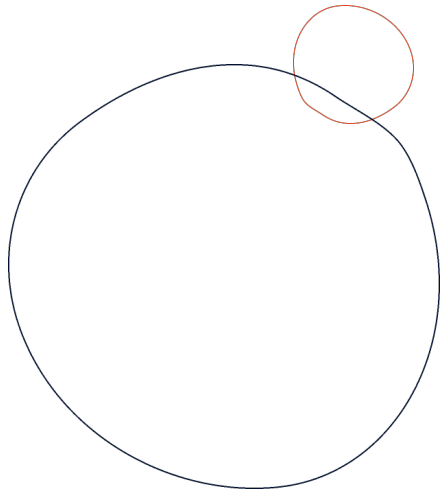
**SCAN TO CHECK IN
& OUT OF SESSION**

1

ADVANCED EMDR PREPARATION
Building **RELATIONAL CAPACITY** for
Adaptive Information Processing

Antonieta Contreras
Anaheim, 2026





2

TODAY

- Paradigm Shift
 - Systems Thinking
- EMDR Phase 2 Background
- What Relational Means
 - Relational Neurobiology
 - Relational Architecture
 - Relational Actors
 - Relationships
- The State of the System
 - Emotional Wounds
 - Traumatic Injuries
- **SCOM (The Model)**
 - **The SCO Protocol**



© Antonieta Contreras

3

Paradigm Shift & Systems

MOVING FROM BEHAVIOR TO REGULATION

emdria[™]
CONFERENCE 2026

© Antonieta Contreras

4

THE NEUROBIOLOGY OF TRAUMA

Probably one of the most meaningful advances in modern psychology

emdria™
CONFERENCE 2026



5

CHANGES IN THEORIES, CONCEPTS, & CONSTRUCTS

Theories change, concepts evolve, constructs come and go, but what truly transforms our field is when we change the framework through which we understand human experience

What we see depends mainly on what we look for

emdria™
CONFERENCE 2026



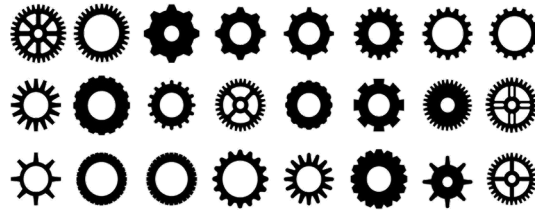
6

A PREDOMINANCE OF REDUCTIONIST MODELS

emdria[™]
CONFERENCE 2026

As medicine evolved and hospitals became the center of care, a reductionist approach was adopted

Breaking systems into parts allowed us to understand disease, isolate symptoms, and develop targeted interventions



© Antonieta Contreras

7

DIFFERENTIATION & INTEGRATION METHODOLOGY



*"Integration is the linkage of
differentiated aspects of a
system"*

–Dan Siegel

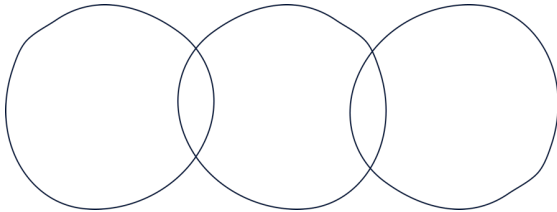
emdria[™]
CONFERENCE 2026

© Antonieta Contreras

8

Systems Thinking

MOVING FROM SYMPTOMS TO
INDIVIDUALS



emdria[™]
CONFERENCE 2026

© Antonieta Contreras

9

SYSTEMS THINKING



emdria[™]
CONFERENCE 2026

From biology to human relationships,
nothing operates in isolation: each
process is the result of multiple parts
interacting with each other

The body, mind, emotions, social
connections, and environment form
interdependent networks

When one piece changes, all the others
feel it

*Each process is the result of
multiple parts interacting
with each other*

© Antonieta Contreras

10

WHAT IS A SYSTEM?

A system is an organized set of interacting components that work together to perform a function, producing outcomes that cannot be explained by the parts alone

”

— Ludwig von Bertalanffy

emdria[™]
CONFERENCE 2026



© Antonieta Contreras

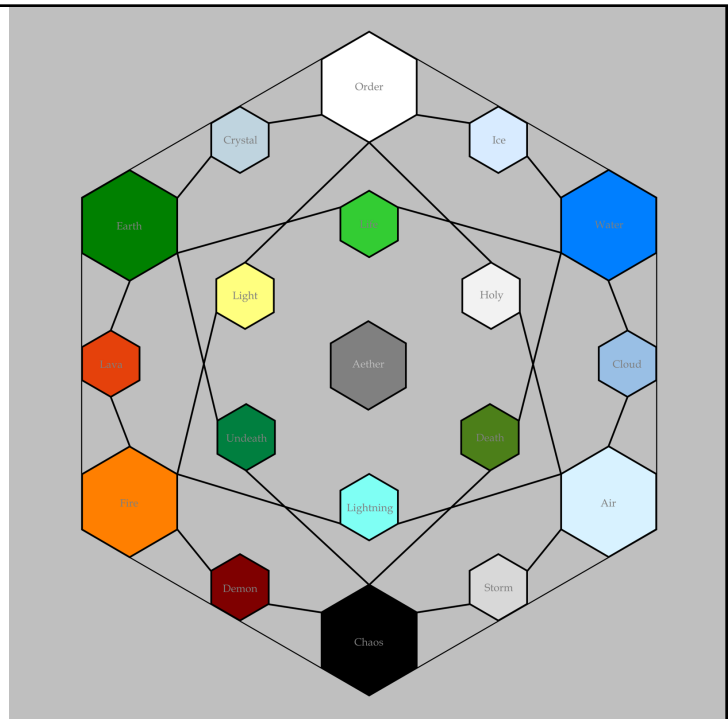
11

A SYSTEM

A system is not a collection of parts

It is a set of interacting elements whose behavior depends on one another

emdria[™]
CONFERENCE 2026



12



13

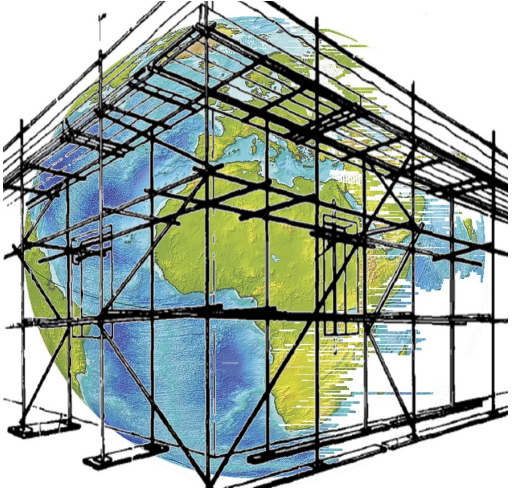
Building the World

From the moment we are born, the nervous system begins learning how the world works

Every experience contributes information about ourselves, other people, and the environment

Over time, this information becomes organized into an increasingly coherent internal model

The brain takes years building the internal model that guides how we perceive, interpret, predict, relate, and act who we are



© Antonieta Contreras

14

MANAGING ENERGY BUDGET

The brain's most fundamental job is not to think, feel, or decide. It is to keep the body alive by **regulating its metabolic resources efficiently**

- Some emotions consume large amounts of resources
- Sustained vigilance depletes the system
- Emotional injuries are among the costliest conditions the body can run

emdria[™]
CONFERENCE 2026

"Affect is your brain's best guess about the state of your body budget"

—Lisa Feldman Barrett



Antonieta Contreras

15

ANTICIPATION: A CENTRAL MENTAL ORGANIZING PRINCIPLE

The brain is continuously:

- Predicting
- Organizing
- Prioritizing
- Filtering
- Preparing
- Allocating resources ahead of experience

Anticipation is the operating principle through which all of it becomes a lived orientation toward what comes next

emdria[™]
CONFERENCE 2026

Mental health depends on how flexibly, accurately, and adaptively we anticipate

Karl Friston



16

ANTICIPATION CASE STUDY

You text a close friend something important. Hours pass and there is no reply

Anticipation at work:

Step 1: **Prediction**. “They will respond”

Step 2: **Prediction Error**. No response → mismatch

Step 3: Ways the system **minimizes error**

1. Update prediction (**flexible**). “They’re probably busy”
2. Reinterpret to preserve expectation (**anxious**). “Something must be wrong”
3. Self-referential meaning (**insecure/ashamed**). “I said something wrong”
4. Act to reduce uncertainty (**adaptive**). Send another message
5. Withdraw (**avoidant**). “I won’t text again”

*The
unanswered
text*

emdriaTM
CONFERENCE 2026

© Antonieta Contreras

17

BUILDING THE WORLD

From the moment we are born, the nervous system begins learning how the world works

Every experience contributes information about ourselves, other people, and the environment

Over time, this information becomes organized into an increasingly coherent internal model

*The brain takes years building
the internal model that guides
how we perceive, interpret,
predict, relate, and act. who we
are*

© Antonieta Contreras

18

DEVELOPMENT IS AN ADAPTIVE PROCESS

We are not passive recipients of our environment, not even as babies

We actively adapt to:

- Maintain safety
- Preserve attachment
- Increase predictability
- Function within the world we learn to know

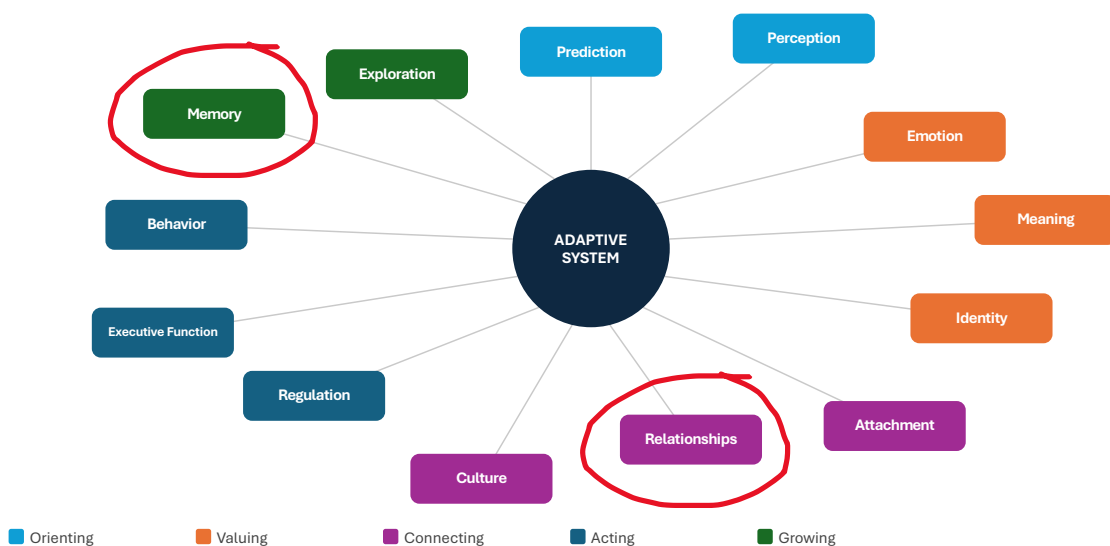


Many adult symptoms began as successful childhood adaptations
Most childhood adaptations are remarkably successful in the environments in which they develop, even when they later become costly

© Antonieta Contreras

19

THE ADAPTIVE SYSTEM ELEMENTS



@Antonieta Contreras

20



Fear
anticipates
danger

Shame
anticipates
rejection

Anger anticipates
boundary violation

Sadness anticipates loss
and need for adjustment

EMOTIONS ARE ANTICIPATORY SUMMARIES

Emotions integrate:

- bodily state
 - predicted outcome
 - learned meaning and
 - probable action
- into a single, coherent signal

emdria™
CONFERENCE 2026

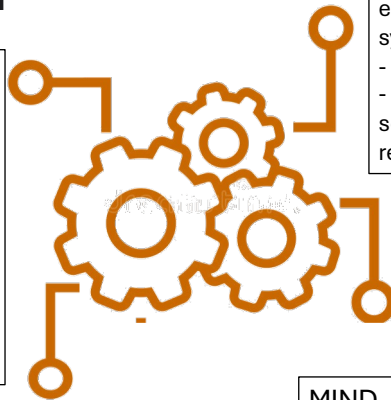
© Antonieta Contreras

21

EMOTIONAL SYSTEM

BRAIN

- Distributed affective (amygdala, anterior insula, and anterior cingulate cortex working together in emotional processing), salience (anchored by the anterior insula and anterior cingulate cortex) and regulatory networks-
- Salience detection, valuation, associative learning, memory integration



BODY

- Peripheral nerves, autonomic and endocrine signaling, sensory systems
- Arousal, pain, pleasure
- Visceral and muscular sensations, expressive and action readiness patterns

MIND

- Perception
- Believes, appraisals, decisions
- Memories, emotional scripts, self-concept
- Meaning, judgements, conclusions

OTHERS

- Learned behavior and attitude
- Shared emotional understanding and narrative
- Oral transmission
- Cultural influences

emdria™
CONFERENCE 2026

© Antonieta Contreras

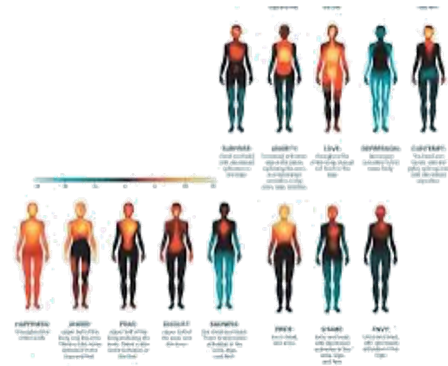
22

THE FELT SENSE OF EMOTION

- It is felt in the body: chest, throat, gut, and sometimes face, limbs, skin
- Pulls us toward or pushes us away: approach, avoid, attack, cling, withdraw
- Signals our state to ourselves and others: communicates need, boundary, or intention
- Moves through time in waves: rising, peaking, falling

emdria[™]
CONFERENCE 2026

Even if awareness of it is absent, it is still happening



© Antonieta Contreras

23

EMOTION AS A COGNITIVE EXPERIENCE

emdria[™]
CONFERENCE 2026

CATEGORICAL KNOWLEDGE: The person knows the word, knows the concept, can describe what the emotion means to others. The category is intact even when the felt sense is absent

ANTICIPATORY EMOTION: We can represent a future emotional state, plan around it, dread or seek it. The cognitive frame that emotional scripts are built on

EMOTION ABOUT EMOTION: Operate at a representational level. They are thoughts about emotional states as much as states themselves (shame about anger or fear)



© Antonieta Contreras

24

MEMORY IN A SYSTEM

Memory → data, stored information about what happened

Emotional System → reads that data, assesses relevance, generates a response

Signal → the felt sense, the body preparation, the action plan

A memory is the data the emotional system reads to generate its signal

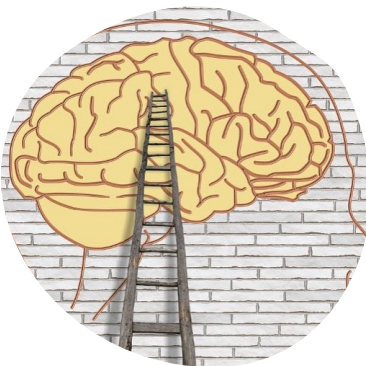
emdria[™]
CONFERENCE 2026

A painful memory can remain emotionally alive and still be part of an adaptive, integrated life



25

MEMORY & THE EMOTIONAL SYSTEM



emdria[™]
CONFERENCE 2026

Emotions generate the significance signal that tells memory what is worth storing, and memory provides the accumulated context that shapes how emotions assign significance in the present

Memories record what happened and store it for future reference. They are the archive. They preserve the record of experience so the system can consult it when needed

Emotions assign significance to what is happening right now. They are the evaluator. They determine in real time what matters, how much it matters, and what the system needs to do about it

© Antonieta Contreras

26

MEMORY AS PART OF ANTICIPATION

The system keeps records of past experiences because the past is **the best available evidence** for what is likely to happen next

Every time a memory is activated, it feeds forward into the system that **is already preparing** for what comes next

A memory feels urgent when the system is still using it as **current evidence**, a prediction of what's coming

emdria[™]
CONFERENCE 2026

The past becomes an anticipatory template for the future

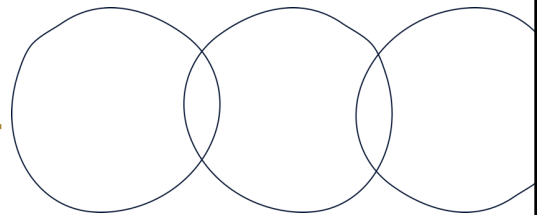


27

EMDR Phase 2

PREPARING FOR PROCESSING

emdria[™]
CONFERENCE 2026



© Antonieta Contreras

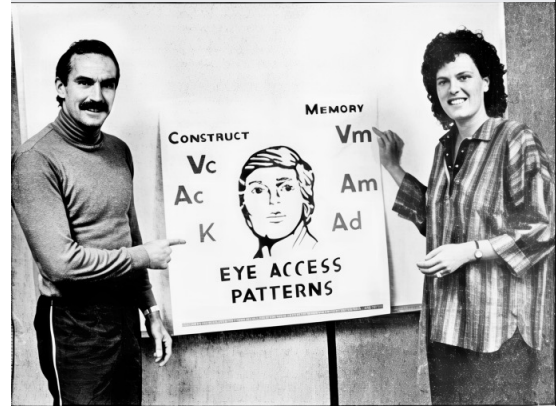
28

PHASE 2 TRADITIONAL GOAL

1985-1987 – Shapiro makes her original observation about eye movements

1989 – First published studies. The intervention was still called **EMD** and focused primarily on desensitization of traumatic memories

1990-1994 – As clinical experience accumulated, Shapiro recognized that the therapy was doing more than reducing distress. Clients were developing new insights, beliefs, and adaptive learning, leading her to rename it **EMDR** ("Reprocessing" replacing "Desensitization")



Thomas Grinder and Francine Shapiro , 1985

© Antonieta Contreras

29

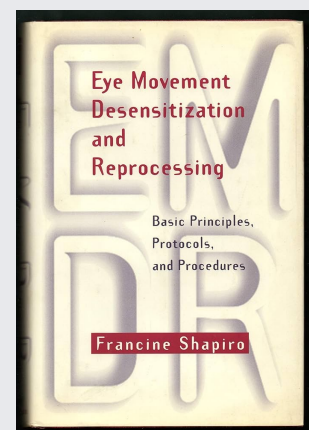
PHASE 2 GOAL

The **eight-phase protocol** was introduced when EMDR evolved from **EMD (Eye Movement Desensitization)** into **EMDR (Eye Movement Desensitization and Reprocessing)** and was formally presented in Shapiro's **1995 textbook, *Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols, and Procedures***

Shapiro's original Phase 2 is primarily about **resource installation and affect regulation**

Can the client stay sufficiently regulated to process traumatic material?

emdria™
CONFERENCE 2026



First edition , 1995

© Antonieta Contreras

30

SHAPIRO'S PREPARATION AND STABILIZATION

Before diving into painful memories, the therapist ensures the client has the psychological resources to handle the emotional distress:

Client Education: The therapist explains how EMDR works, what to expect biologically and emotionally, and answers any questions to establish safety and trust

Developing Regulation Skills: Client learns and practices relaxation and self-soothing techniques. The most famous tool used here is the "**Safe/Calm Place**" exercise

Creating Metaphorical Containers: Client develops a mental "container" to deliberately pack away distressing memories or thoughts if they pop up between sessions or become too intense

Testing Readiness: The therapist checks how well client can tolerate emotional shifts and use these new grounding skills

The Golden Rule of Phase 2: Treatment does not move on to processing (Phase 3) until client can successfully bring themselves back to a state of calm using these tools

emdria™
CONFERENCE 2026



1995

© Antonieta Contreras

31

THE PROGRESSIVE APPROACH

What does this particular client need before processing is safe and effective?

- **Case conceptualization** rather than simply symptom assessment
- **Attention to dissociation and structural dissociation**, assessing phobias of internal experience, parts, attachment, and emotions
- **Extended stabilization**, sometimes lasting months rather than sessions
- **Developing internal cooperation** (especially when dissociative parts or conflicting self-states are present)
- **Attachment-informed preparation**, recognizing that the therapeutic relationship itself may need to become a stabilizing resource
- **Graduated processing**, rather than assuming clients should move directly into standard trauma targets

emdria™
CONFERENCE 2026

EMDR and Dissociation: The Progressive Approach

FIRST EDITION (REVISED)



ANABEL GONZALEZ &
DOLORES MOSQUERA

2012

© Antonieta Contreras

32



Phase 2

- Creating conditions under which adaptive processing becomes possible
- Without:
 - Presentness
 - Relational dynamic
 - Agency
 - Co-production
 - Compassion
 - The absence of which = no processing

© Prof Derek Farrell MBE/ EMDRIA Keynote/August 2026

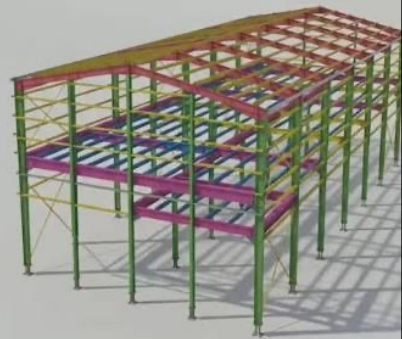
33

THE STRUCTURAL PREPARATION APPROACH (SPA)

Preparation should match the client's structural organization

Clinical Formulation. Not only the type of incident but also the type and state of the injury, and the **structural organization** of the client

Structural organization is the underlying circuits a person's nervous system, emotions, sense of self, and relationships have created over time



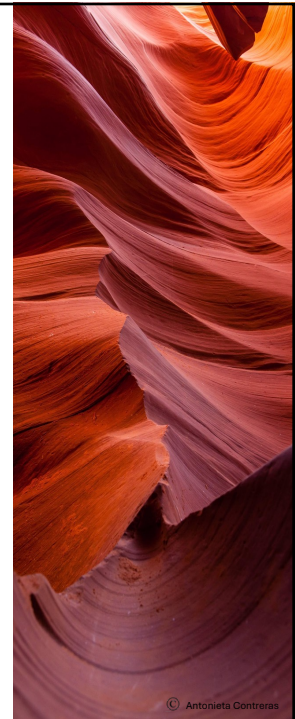
© Antonieta Contreras

34

SPA PREPARATION DOMAINS

- **Nervous System Regulation:** *Is the system currently dysregulated? What type?*
- **Emotional Organization:** What does it flag as significant, what does it prepare for, and what does it consistently miss?
- **Relational Functioning:** Does this person carry others with them, see them as enemies, or do people fade when they're not around?
- **Cognition & Perception:** *How is reality being interpreted and anticipated?*
- **Dissociative Organization:** *Is there sufficient integration and understanding of the internal life?*
- **Resources & Adaptive Capacities:** *What strengths, functions, and elements are already available and what needs to be developed?*

emdria[™]
CONFERENCE 2026



© Antonieta Contreras

35

PHASE 2 MAIN GOAL

Phase 2 asks for two main things:

- ☐ The **establishment of resources**
- ☐ An objective and comprehensive assessment of **the state of the system**
 - Not only whether the client can tolerate activation, but what kind of dysregulation they actually face
 - What is the state of their system right now
 - Not only what happened, but what is the system currently doing with it? Is it still feeling defeated, hopeless, with no options?
 - Does it already have enough resources? Has it already found some way through, however partial, however fragile, that simply needs to be strengthened and connected to what still hurts?

The history tells you what happened. Only the current state tells you what to do

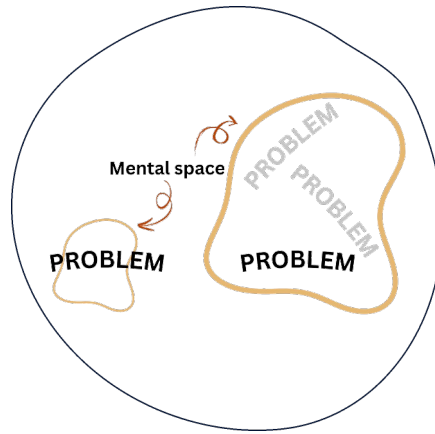
emdria[™]
CONFERENCE 2026



© Antonieta Contreras

36

I. Expanding Mental Room Resource



emdria[™]
CONFERENCE 2026

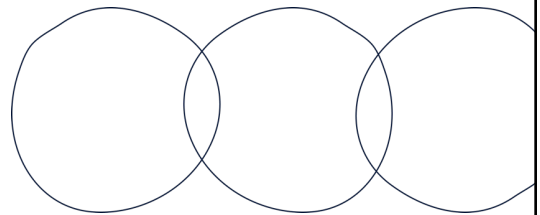
<https://www.antoniettacontreras.com/emdria2026>

© Antonietta Contreras

37

What Relational Means

THE ROLE OF OTHERS IN
PSYCHOLOGY



emdria[™]
CONFERENCE 2026

38

RELATIONAL AS INTERPERSONAL BEHAVIOR

The earliest lens (1900s–1950s)

Watson, Skinner, Harry Stack Sullivan

What we do with each other that's observable and measurable (e.g., eye contact, tone of voice, proximity)

Social learning, behavioral patterns, communication styles (e.g., modeling a parent's conflict style; approach/avoidance patterns)

emdria™
CONFERENCE 2026



*The other person
exists outside, as
stimulus, as context,
as social environment*

© Antonieta Contreras

39

RELATIONAL AS INTERNAL REPRESENTATION

The turn inward (1940s–1980s)

Bowlby, Winnicott, Ainsworth

Object relations, attachment theory, working models (e.g., internalized caregiver as a felt presence; expectations of "will they respond?")

The other person moves inside as

- An internalized figure (e.g., an inner voice that soothes or criticizes)
- A template (e.g., expecting closeness to lead to abandonment)
- A pattern carried forward (choosing partners who echo an early caregiver)

*We don't just
respond to others,
we carry versions
of them*



40

RELATIONAL AS INTERSUBJECTIVE PROCESS

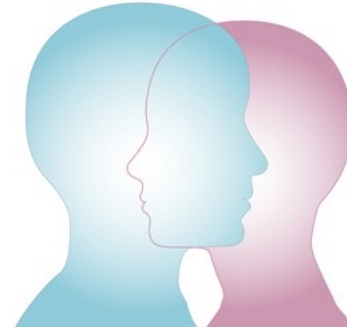
The meeting of two minds (1980s–2000s)
Stolorow, Benjamin, Daniel Stern, Relational
Analysis

Two subjectivities co-constructing meaning together. Neither is the fixed point (e.g., therapist's discomfort shaping what the patient dares to say)

The therapeutic relationship itself becomes the medium of change (e.g., a repaired rupture in session becomes the corrective experience itself)

emdria[™]
CONFERENCE 2026

*What happens
between people is
where healing
occurs*



© Antonieta Contreras

41

RELATIONAL AS A TRANSFORMATIONAL BRIDGE

AEDP, Contemplative Psychotherapy (2000s–present)
Fosha, Loizzo

The body enters the relational field (e.g., a client's breath deepening as the therapist stays warmly present)

Transformation is a biological event (e.g., co-regulated affect shifting autonomic state, not just insight)

Being truly met by another person does something structural (e.g., a felt sense of "I'm not alone with this" changing how the moment is encoded)

The therapist's active, embodied presence as a regulatory and transformational force (e.g., voice tone and stillness directly down-regulating a client's fear)

Relational experience → neurobiological change

The meeting itself is the mechanism. Attunement activates. Co-regulation consolidates. Transformation is possible

*You can offer the most
attuned presence but if
there is no receiver,
the meeting leaves no
trace in how the
person lives*



42

RELATIONAL AS NEUROBIOLOGICAL STRUCTURE

The structural turn (2000s–present)
Siegel, Schore, Decety, Fonagy

Relational functioning refers to the extent to which others become integrated into the processes that organize perception, valuation, and action before conscious reflection or deliberate intention

The program the brain runs in the background. Not the thoughts we have about others or the feelings we have toward them. Not even the connection we experience with them in the moment. It's whether others are actually built into the operating system, present in the circuitry that determines what we notice, what matters to us, and what we do, before we've had a chance to think about it



43

THE MEANING OF “RELATIONAL”

Relational capacity is the degree to which others, and yourself, actually shape what you notice, feel, and do, moment to moment

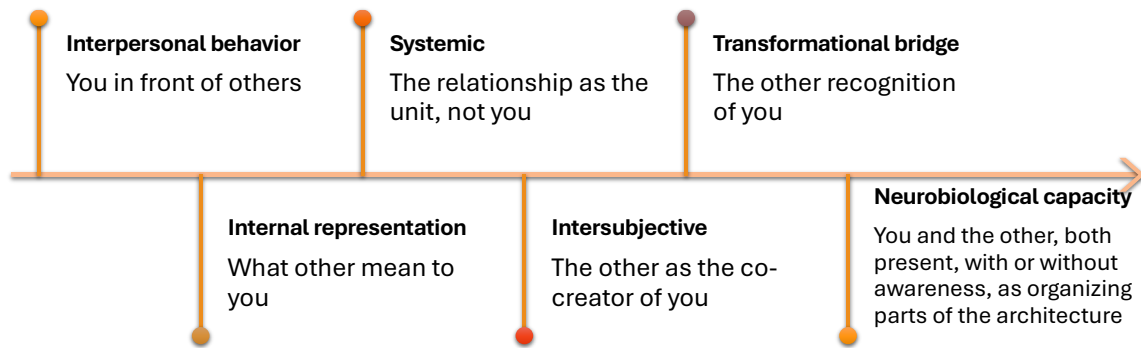
Others, and the self, are not just people we think about or feel toward
They are presences that actually **shape how we see, what we notice, and what we do, before we have consciously decided anything**
Relational capacity is how much that is actually true for a given person

emdria[™]
CONFERENCE 2026

© Antonieta Contreras

44

THE EVOLUTION OF “RELATIONAL”



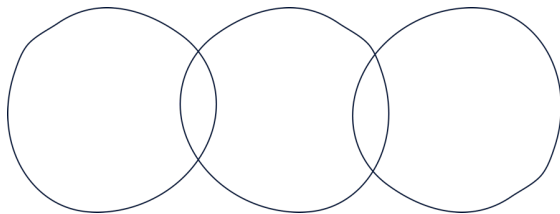
emdria[™]
CONFERENCE 2026

© Antonieta Contreras

45

Relational Neurobiology

HOW THE BRAIN DEVELOPS
SOCALLY



emdria[™]
CONFERENCE 2026

46

A SOCIAL BRAIN

The human brain devotes more neural circuits to **reading, tracking, and being organized by other people** than to almost any other function

We have dedicated systems for:

- detecting faces
- reading emotional states
- anticipating intentions
- feeling what others feel
- predicting relational consequences before they occur

emdria[™]
CONFERENCE 2026



The brain wasn't designed to function alone and then learn to connect with others. Connecting with others is what it was designed for from the beginning

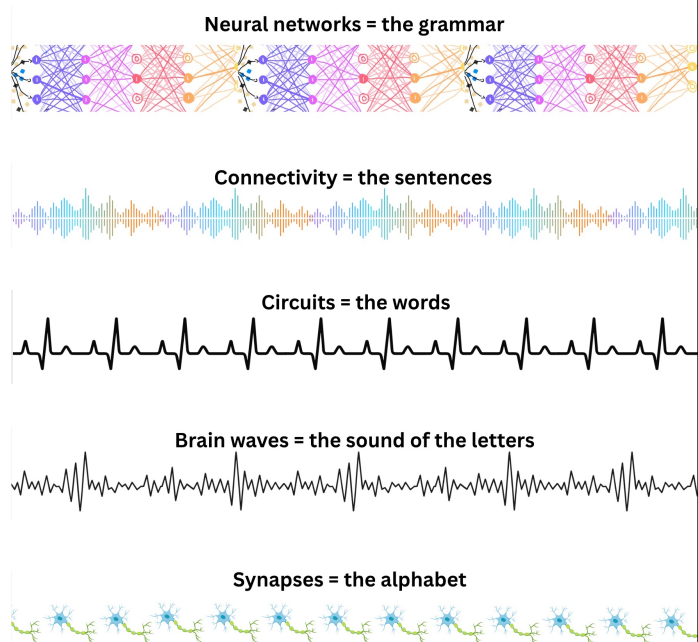
© Antonieta Contreras

47

BRAIN LANGUAGE DEVELOPMENT

Every brain builds by interacting. What differs is what gets repeated. It doesn't happen all at once. It happens in stages, each one with a specific window

The brain doesn't invent its own language. It learns the one it's spoken to in



48

PRENATAL: FOUNDATION OF PHYSIOLOGICAL REGULATION

Rapid formation of neural structures
Early systems for body regulation and sensing
the world begin to take shape

Highly influenced by:

- maternal physiology
- stress hormones
- intrauterine environment

The brain is already structurally present
but still immature and highly unfinished

emdria[™]
CONFERENCE 2026

*We are born with
basic regulatory
capacities but not yet
coordinated across
systems, integrated or
self-sustained*



© Antonieta Contreras

49

INFANCY (0-2 YEARS): FOUNDATION OF RELATIONAL REGULATION

The nervous system doesn't self-regulate in the first two years. It co-regulates.

The infant has no capacity to regulate arousal independently. The caregiver's nervous system does it for them, through voice prosody, facial expression, touch, rhythm, timing of response
The caregiver's ventral vagal system entrains the infant's neurologically

Regulation is fundamentally interpersonal before it ever becomes intrapersonal

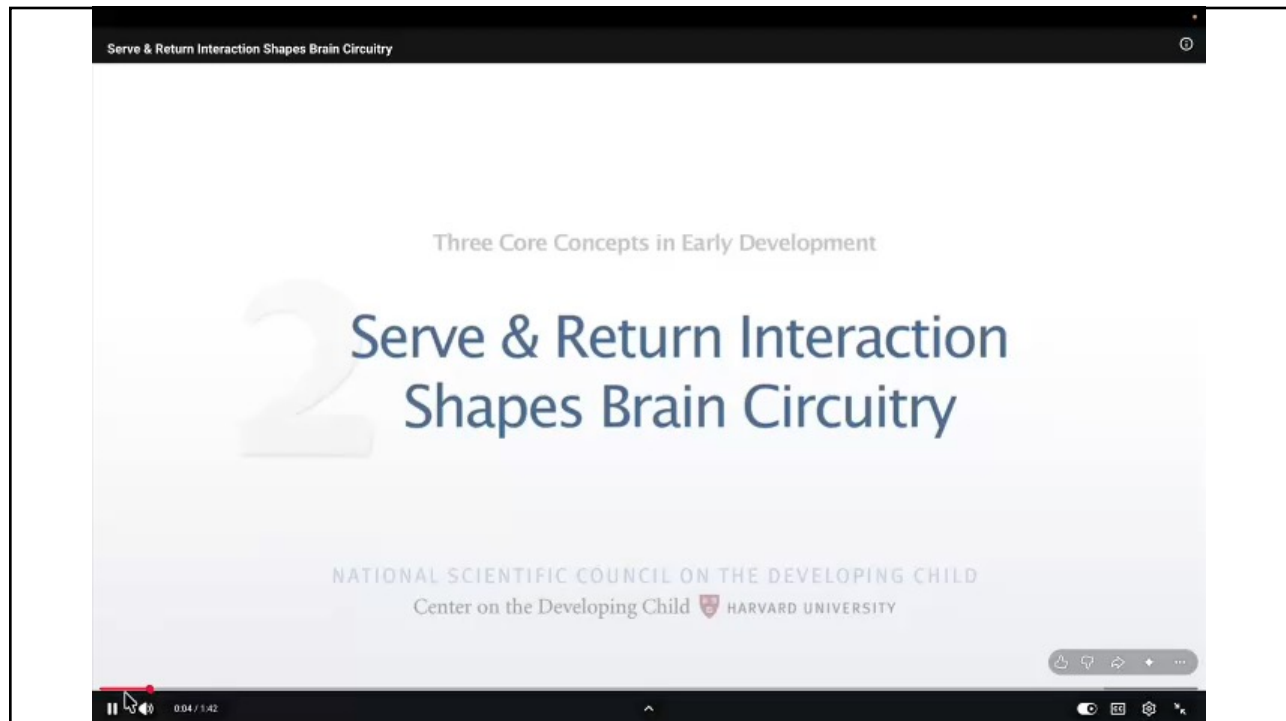
emdria[™]
CONFERENCE 2026

*This is when others
become
neurobiologically
significant*



© Antonieta Contreras

50



51

THE FIRST “OTHER”: THE CAREGIVER

The salience network begins calibrating Others get flagged as significant because they are the source of regulation itself

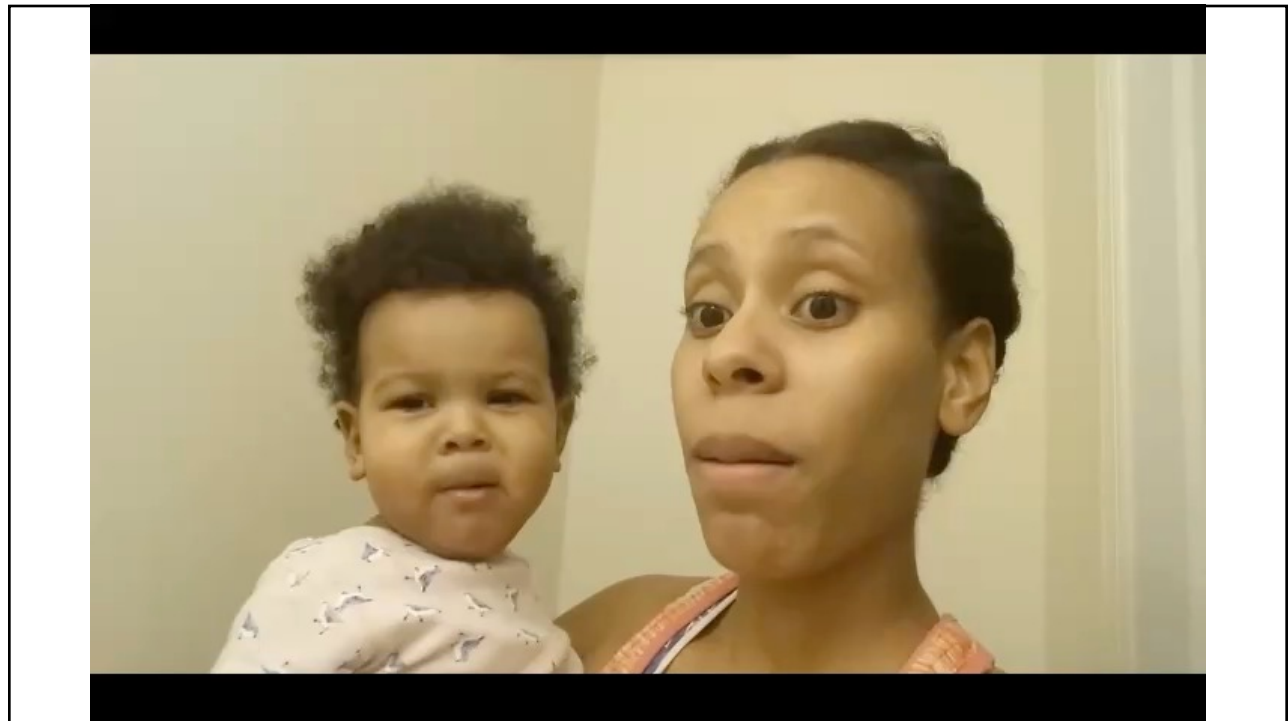
- When this co-regulatory experience is **consistent**, attuned, and reliable, the foundation for others becomes physiological before language, memory, or any representational capacity exists
- With **inconsistency**, what the nervous system learns is different: others become associated with unpredictability

emdria[™]
CONFERENCE 2026

*The salience network
may learn to flag
others as threat rather
than resource*



52



53

TRANSITION FROM EXTERNAL TO INTERNAL REGULATION (2-6 YEARS)

Through thousands of repeated co-regulatory interactions, the brain begins to build the capacity to do internally what was previously done externally

- When internalization goes well, others don't disappear from the regulatory system. They become part of its architecture. The felt sense of a reliable other gets encoded as a regulatory resource that can be accessed even in their absence
- If there is unpredictability, absence, threat, the architecture forms around what was actually available

emdria[™]
CONFERENCE 2026

The internal regulatory system is built from relational experience. It is made of others



54



55

SOCIAL STRUCTURES DEVELOPMENT

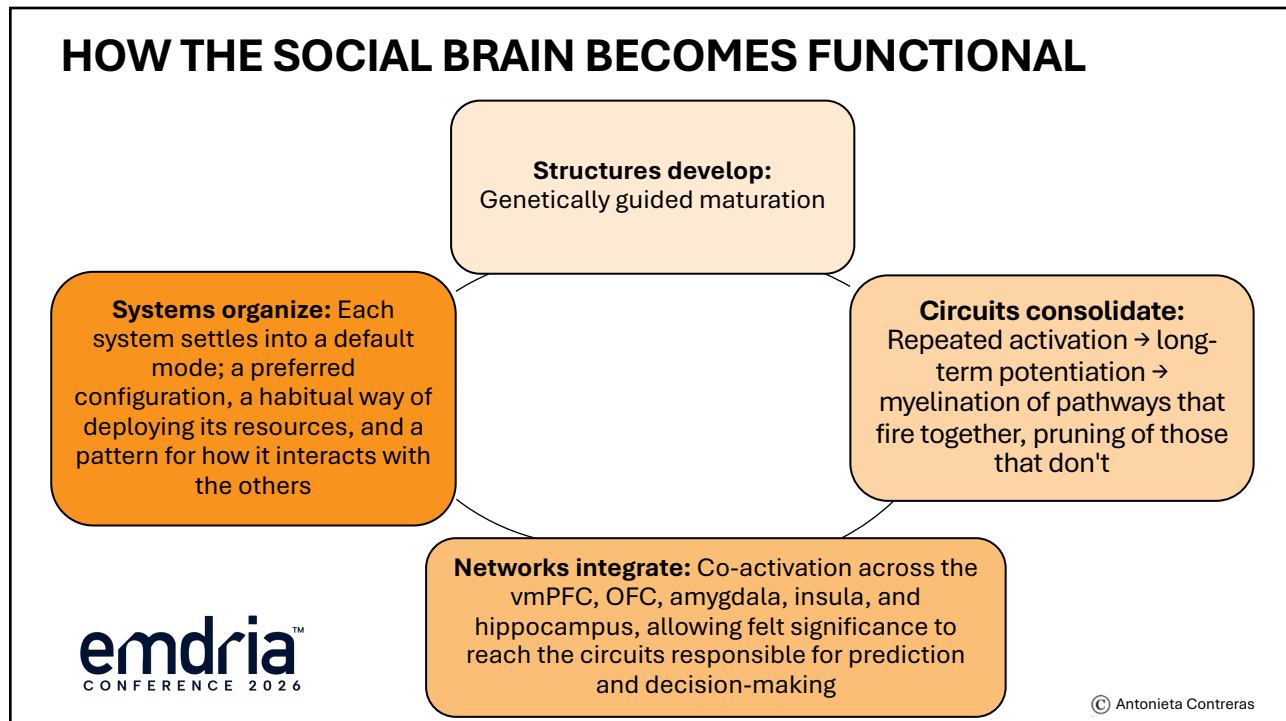


emdriaTM
CONFERENCE 2026

- Prenatal, birth, early months: **Autonomic Nervous System / Vagus**
 - Very early, first months: **Amygdala**
 - First year: **Mirror Neuron System / Anterior Insula**
 - Early childhood, continuing: **Salience Network**
 - Childhood through adolescence: **vmPFC**
 - Childhood through adolescence, into early adulthood: **OFC**
 - Ongoing, adolescence: **Default Mode Network organization**
 - Adolescence through early adulthood: **Full prefrontal integration**
- Subcortical ● Prefrontal ● Network organization

56

HOW THE SOCIAL BRAIN BECOMES FUNCTIONAL



57

ARCHITECTURE DEVELOPS THROUGH EXPERIENCE

Every structure in the relational sequence develops through repeated, emotionally meaningful activation

The brain encodes what gets used. Pathways that are consistently activated become more efficient, more reliable, more default. Pathways that aren't activated don't consolidate to their full potential

The developmental outcome is shaped by the relational conditions that were or weren't present during the windows when each circuit needed activation most. The window doesn't close

Neuroplasticity continues throughout life. The same principle that shaped early development remains available for therapeutic cultivation

*What wasn't
built then can
still be built now*



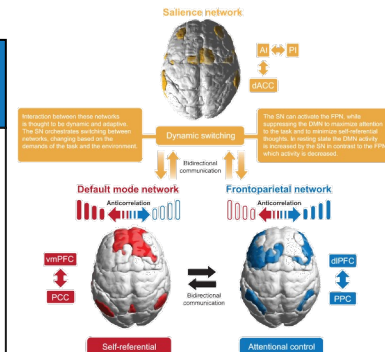
© Antonieta Contreras

58

THE MAIN BRAIN NETWORKS

emdria™
CONFERENCE 2026

Salience Network "What matters?" • Detects socially relevant information • Notices emotional signals • Directs attention toward people and relationships • Determines what enters awareness.	Default Mode Network (DMN) "What does it mean?" • Creates personal meaning • Organizes identity and self-concept • Maintains internal representations of relationships • Helps us imagine ourselves and others across time	Central Executive Network (CEN) "What do I do with this?" • Supports planning and decision-making • Inhibits impulsive responses • Weighs competing needs and priorities • Translates relational information into action
---	---	---



Schimmelpfennig, J., Topczewski, J., Zajkowski, W., & Jankowiak-Siuda, K. (2023). The role of the salience network in cognitive and affective deficits. *Frontiers in human neuroscience*, 17, 1133367. <https://doi.org/10.3389/fnhum.2023.1133367>

© Antonieta Contreras

59

SALIENCE NETWORK

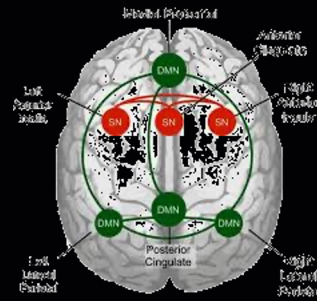
The gatekeeper begins learning which stimuli in the environment are worth prioritizing

Anterior insula + anterior cingulate cortex integrate signals from the amygdala, interoception, social context, and ongoing goals

- Continuously scans the environment and flags what deserves prioritized attention and cognitive resources
- **Relationally**, it determines whether others even register as significant inputs before any higher processing begins. Without its activation, others may fail to register as important
- In a relationally responsive environment, others get flagged as reliably significant. In an unpredictable or threatening environment, it shifts toward self-protection

emdria™
CONFERENCE 2026

Makes a complex determination of what matters right now, in this context, for this organism



60

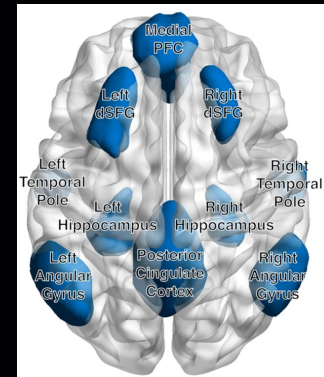
DEFAULT MODE NETWORK

The DMN supports **self-referential processing**, autobiographical memory, narrative identity, and mental simulation of past and future. **The brain telling itself its own story**

Long described as active only in the absence of external demands, it's now understood to **run continuously**, interacting with attention and executive systems rather than switching off when the world calls for a response. It includes:

- The **medial prefrontal subsystem**. Evaluating personal relevance. *What does this mean about me?*
- The **medial temporal subsystem**. Memory retrieval and scene construction. Imagination and memory share this neural substrate: *What has happened? What might happen?*
- The **dorsal medial subsystem**. Inferring the mental states of others. The DMN's most relational component. *What are they thinking? What is their experience right now?*

This is the neurobiological substrate of the ego



61

CENTRAL EXECUTIVE NETWORK

This network is a large-scale brain system responsible for higher-order cognitive functions like decision-making, working memory, and goal-directed behavior

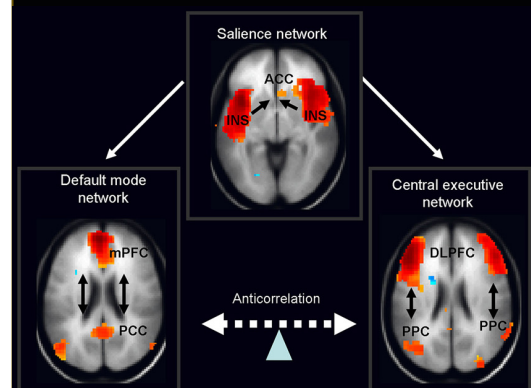
It coordinates with other networks to manage attention, solve problems, and suppress distracting impulses.

The gatekeeper begins adjusting by learning which stimuli in the environment are worth prioritizing

Without it, understanding may not influence behavior

emdria[™]
CONFERENCE 2026

Holds information in mind, directs deliberate attention, and executes goal-directed action once significance has been established



62

ANS / VAGUS

Before anything cognitive or social, the nervous system is already **learning whether the world is safe**

Ventral vagal capacity (**social engagement**) begins forming through co-regulation with the caregiver

The social engagement system makes safe relational contact possible

When the autonomic nervous system is in sympathetic dominance (mobilized, defended, scanning for threat) or in dorsal vagal shutdown (collapsed, disconnected, withdrawn) the social engagement system is **physiologically offline**

It's difficult to build relational capacity in a nervous system that is physiologically configured for threat or shutdown



© Antonieta Contreras

63

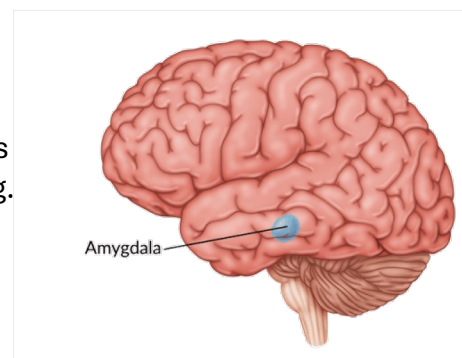
AMYGDALA

Threat detection and **emotional significance** come online early. The amygdala learns what's dangerous and what's safe through the caregiver's responses, and begins assigning emotional weight to faces, voices, presence and absence

Its role extends well beyond danger. The same circuitry tags what's **rewarding, social recognition, attachment, and connection** alongside what's threatening

Working closely with the vmPFC, the amygdala assigns weight to relational experience from the very beginning. Under chronic threat, this system commandeers the resources that prefrontal integrative circuits need, leaving less available for exactly the capacities that would otherwise consolidate

The amygdala as the gatekeeper of significance doesn't just detect threat. It assigns emotional weight to experiences



© Antonieta Contreras

64

MIRROR NEURON SYSTEM / ANTERIOR INSULA

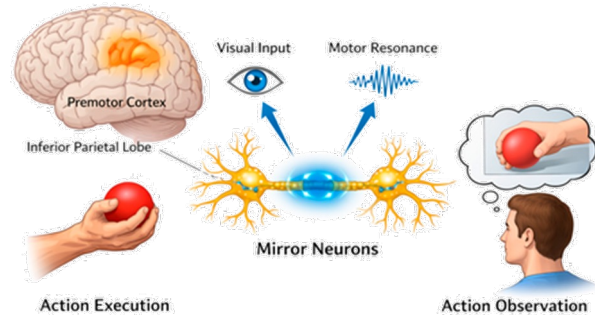
The Resonance System

The capacity to feel what another feels begins here, through imitation, attunement, the back-and-forth of early interaction

This is the biological root of empathy, long before it becomes conscious

emdriaTM
CONFERENCE 2026

Knowing or feeling what another person is experiencing doesn't automatically make that experience personally significant



© Antonieta Contreras

65

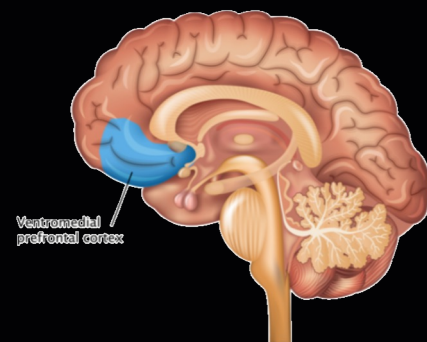
VENTROMEDIAL PREFRONTAL CORTEX (vmPFC)

This is where relational experience stops being just felt and starts becoming **personally organizing**

It develops slowly, requires **sustained co-regulatory experience**, and is highly sensitive to chronic stress and traumatization

In its development, empathy acquires weight

emdriaTM
CONFERENCE 2026



The integration of emotional significance with self-relevant meaning

66

HO (he/him)
 Mid-30s, married 3 years
 Popular, works as an artist

Background:
 Difficult childhood
Neglected:
 working mother, absent father
 Described as warm and aloof

67

When the Vmpfc Hasn't Fully Consolidated: A Script to Explain It to Clients



<https://www.antonietacontreras.com/emdria2026>

© Antonieta Contreras

68

Explaining the vmPFC to a Client

"There's a part of your brain that takes what you feel for someone and turns it into something that actually shapes what you do, not just in the moment you're with them, but afterward, when they're not in front of you anymore.

When that part is working fully, someone you love stays present in your mind even when they're not in the room. What you feel for them doesn't just show up when they're right there. It carries forward, shaping your day, your choices, the small things you do because you were thinking of them.

In some people, this part hasn't fully developed. So the feeling is completely real, you're not pretending, you're not lying, but it doesn't stay. The moment ends, and so does the feeling's hold on you, until the next time they're in front of you again.

That's not a lack of love. It's a specific function that never got the chance to fully build. And it can still be built, through practice, attention, and repetition, the same way any underused capacity grows stronger over time."

69

ORBITOFRONTAL CORTEX (OFC)

The circuit through which "how will this affect them" enters the decision before the decision is made

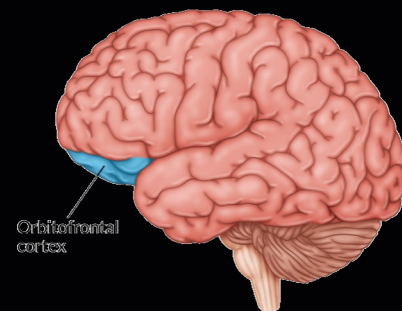
This comes online gradually as the vmPFC consolidates. It's necessary to be able to feel relational significance before prediction can move forward

Allows a person to run a mental simulation of how their action will affect another person before taking the action by doing that computation automatically, below awareness, as part of how choices form

OFC underdevelopment rarely exists alone. It almost always sits on top of vmPFC underdevelopment

When damaged or underdeveloped, it's easy to misread it as narcissism, lack of empathy, or avoidant attachment

emdria[™]
CONFERENCE 2026



*Anticipates the
relational
consequences of
actions before
they're taken*

70

ED (she/her)
 Mid-30s, single
 In a 2-year relationship
 Professionally successful

Background:
 Difficult adolescence
 Grandmother's suicide
 Mother with depression (MDD)
 Parents divorced
 Brother with legal issues

71

When the OFC Hasn't Fully Consolidated: A Script to Explain It to Clients



<https://www.antonietacontreras.com/emdria2026>

© Antonieta Contreras

72

Explaining the OFC to a Client

“There's a part of your brain, just behind your forehead, whose job is to warn you, before you act, about how what you're about to do will affect the people around you.

It runs quietly, in the background, checking ahead so that by the time you're making a decision, the impact on someone else is already part of the picture.

In some people, that part hasn't fully developed the way it should have.

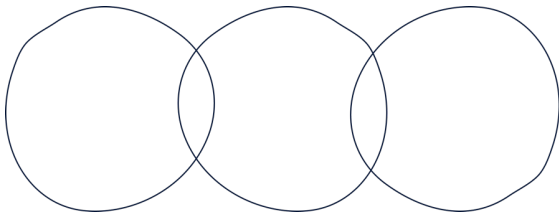
It's like a muscle that didn't get the chance to build strength. When that's the case, people may think you're careless. They may attribute it to your personality, or to some desire to be that way. In reality, it's a specific function that hasn't caught up yet.

Like any function that hasn't fully developed, it can still be built, through practice, repetition, and paying attention to it on purpose until it starts happening on its own.”

73

Relational Architecture

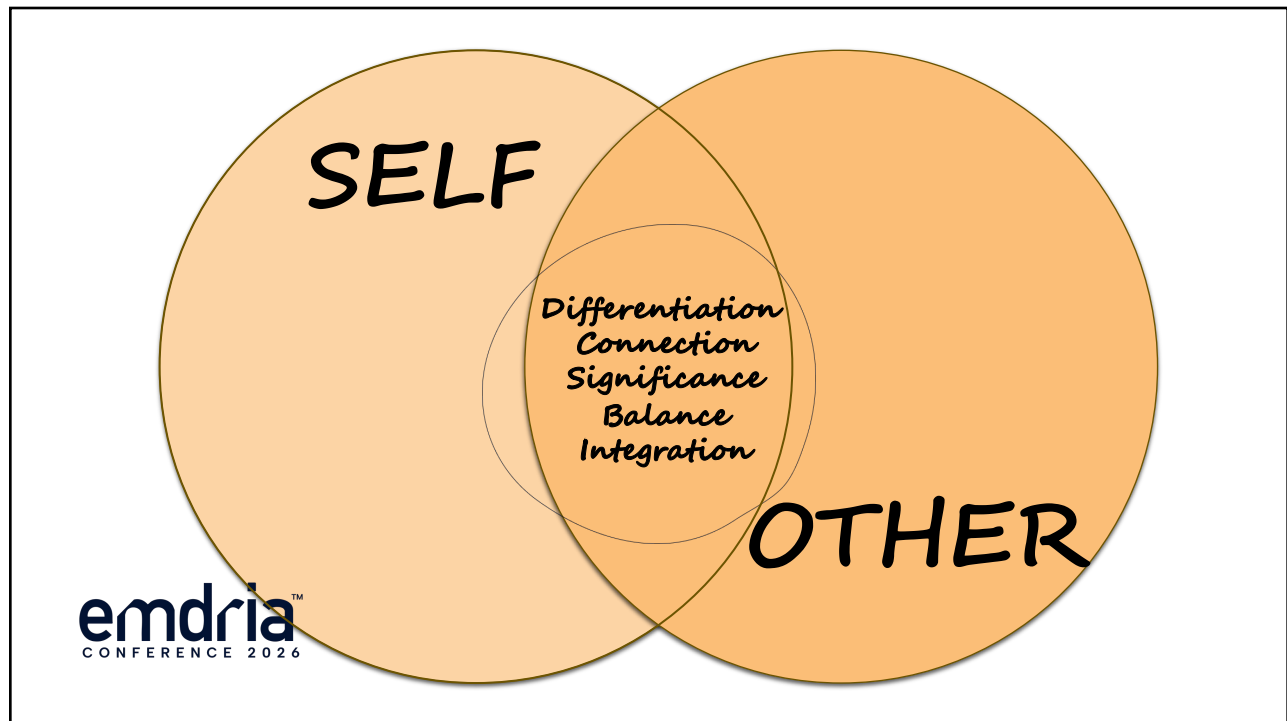
WHAT RESOURCES WILL SUSTAIN
THE PROCESSING?



emdria[™]
CONFERENCE 2026

© Antonieta Contreras

74



75

RELATIONAL FUNCTIONING

Relational preparation is not simply about relationships

It is about preparing the client to maintain a flexible balance between self and other throughout processing

Preparation may involve strengthening the capacity to:

- Identify self
- Differentiate self from other
- Maintain awareness of both simultaneously
- Assign appropriate relational significance
- Integrate relational consequences into decision-making
- Remain connected without losing oneself
- Take responsibility without losing one's sense of worth

emdriaTM
CONFERENCE 2026



© Antonieta Contreras

76

INTERNAL RESOURCING

Before a client can hold anyone else, they need:

- Enough mental space to contain what arises
- Capacity to recognize relational agents
- The structural capacity underneath to come online when needed

This may not be only preparation for the work. For many clients, building these resources become the work for a while

emdria[™]
CONFERENCE 2026



77



emdria[™]
CONFERENCE 2026

EXTERNAL RESOURCING

Social skills and social interest are not the same. A person can know exactly what to say and still lacking real curiosity about what other people need

Real connection depends on functions we may rarely promote specifically:

- **Curiosity** about another's inner life
- The capacity to **mentalize** what someone is actually experiencing or thinking
- **Attunement** to another's needs, moment to moment
- Enough **flexibility** to adjust as an interaction unfolds
- Enough **tolerance** for difference to stay open when someone else's experience doesn't match your own

78

COPING VS DEVELOPING

A strategy for managing a limitation is not the same as building the capacity that was missing

Many functions and capacities can still be built, at any age, given the right kind of repeated activation

We may need to explain this distinction directly. Many clients don't know the difference between coping and developing. They may not realize a different kind of work is even possible

The goal isn't only symptom management. It's building resilience, agency, and hope

Psychology Today



Are You Coping with a Problem, or Just Passively Tolerating It?

Not all tolerance is created equal. One kind protects you. The other just teaches your nervous system to stop talking to you.

79

SENSE OF SELF RESOURCES

Is there an **Embodied Self**? Grounded in the body, located in space, present in the moment. That's right hemisphere, early development

Is there a **Relational Self**? Stable enough self-other boundaries to hold both perspectives simultaneously. That developed through early relationships

Is there an **Observing Self**? Enough metacognitive capacity to witness its own processing. That developed through adolescence and early adulthood

Is the **Narrative Self** present? Continuity across time, a history, a story that holds. That developed through childhood



80

HOW CULTURE INFLUENCES RELATIONALITY

Culture influences...

- What counts as respectful
- How emotions should be expressed
- Who carries responsibility
- How autonomy is balanced with obligation
- Which relationships carry the greatest weight

Healthy inclusion of others helps remaining flexible

It allows people to honor their culture while still maintaining:

- awareness of self
- awareness of others
- flexibility
- contextual adaptation



emdria[™]
CONFERENCE 2026

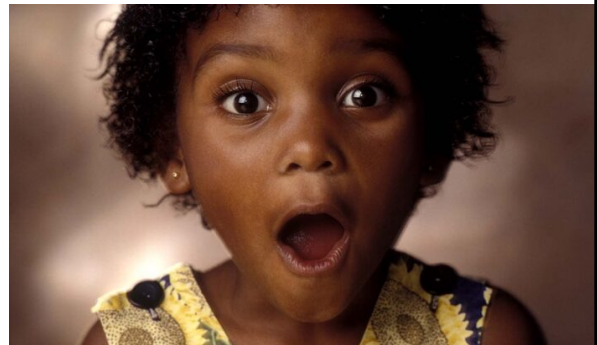
© Antonieta Contreras

81

USING AWE AS A RESOURCE

Awe is one of the few emotional states that reliably does several necessary things simultaneously:

- **It diminishes self-referential processing**
- **It activates the salience network toward something outside the self**
- **It expands mental space**
- **It promotes prosocial motivation**
- **It tolerates not-knowing**



emdria[™]
CONFERENCE 2026

82

II. The Awe Protocol



<https://www.antonietacontreras.com/emdria2026>

83



84



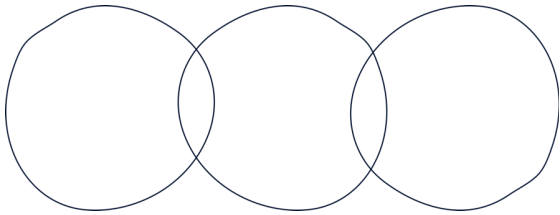
85



86

Relational Actors

WHO WILL BE PROCESSING?



emdria[™]
CONFERENCE 2026

© Antonieta Contreras

87



88

THE NARRATING SELF (EGO)

The ego is:

- a processing mode: self-referential organization
- serves a function: defending a self-narrative that feels perpetually under threat

"Yes, I know!" "I've done that already" "That's exactly what I was saying"

Emotionally reactive, temporally displaced from the present moment, and organized not around what is happening but around what the current situation might reveal about a self that needs to be better than it believes itself to be: a narrative

"Oh yes, I have the same!"



89

THE NEUROBIOLOGY OF THE EGO

Neurobiologically, the ego is the activation of the DMN's self-referential circuitry (medial prefrontal subsystem) assigning **personal relevance**, working together with the medial temporal subsystem's **memory retrieval**, organizing incoming experience around a **pre-existing self-concept**, and **maintaining that story's continuity** over time.

It becomes a clinical problem when it's the **only or more pervasive** organizational system available

When the prefrontal integrative circuits haven't consolidated sufficiently, the DMN narrative function operates without adequate regulation or permeability

*It processes experience by assimilating it into the existing story rather than allowing the existing story to be changed by new experience.
It nullifies curiosity*



90

EGO'S MAIN CHARACTERISTICS

The ego is always slightly displaced from what's actually happening because it's running the experience through the question:

What does this say about me?

How do I appear?

How did they treat me?

What should I have said?

The ego's relationship to presence is paradoxical: it's highly active, highly engaged, generating enormous amounts of processing but that processing is organized around the self-concept rather than around what's actually happening. **It mistakes its own narrative for reality**

emdria[™]
CONFERENCE 2026

The ego isn't present in the moment; it's a narrator, and narrating is the opposite of being present



91

THE EGO IN SESSION

When the ego is processing: The person is articulate about their experience, sometimes remarkably so. They have a coherent and well-rehearsed story. Emotion is present, but it illustrates the narrative rather than disrupting it

New information gets absorbed into the existing story. The clinician may feel engaged, even moved, and yet nothing shifts

The tell: The story gets more sophisticated over time. The person gets better at describing the wound. But the wound doesn't close

For EMDR specifically: When the ego processes, BLS gives it more material. The narrative expands. Associations multiply. The session feels productive there is no change in the architecture

emdria[™]
CONFERENCE 2026

The ego doesn't need healing. It needs to step aside. And it can only step aside when the Self is available to take its place



92

THE SELF

The Self is the capacity to be the one having the experience: present, permeable, able to receive what is actually happening rather than immediately assimilating it into existing meaning

Neurobiologically, it emerges from the coordinated activity of interoceptive networks (anterior insula with prefrontal regulatory systems). It is more right-hemisphere, more somatic, more immediate

It is grounded in the body's ongoing signals, in the felt sense of being a living organism in the present moment

emdria[™]
CONFERENCE 2026

*The Self,
neurobiologically, is
not a narrative
function but an
integrative one*



© Antonieta Contreras

93

THE SELF IN SESSION

When the Self is present: The person is in contact with what is actually happening. They can be surprised by their own experience. New information changes something. There is a quality of presence, of someone actually there

When the Self is thin or absent: The ego fills the space. Processing happens but in a closed loop. Emotions move but nothing integrates. The person relates to their experience rather than from it. The clinician may feel they are talking *about* someone rather than *with* someone

emdria[™]
CONFERENCE 2026

*When the Self is in
the room, affect is
felt, not performed
or described*



©

94

THE “EGO” & EMDR

The Self is the receiver. Without it, reprocessing has nowhere to land. The protocol can be executed perfectly and produce nothing but more elaborate ego narrative

Where the ego organizes experience *around* a pre-existing self-concept, the Self is what remains when that organization relaxes

When a client is processing from their ego state, EMDR gives more material to work with. Phase 4 then produces more sophisticated ego narratives about the wound or traumatic events

Phase 2 then, includes assessing its prevalence and help develop a Self and an Observing Self

emdria™
CONFERENCE 2026

*The Self is what makes
integration possible.*



© Antonieta Contreras

95

OBSERVING SELF

The observing Self is the capacity to take distance from one's own defenses, to notice that the ego has been participating, that the narrative has been running, that the closed loop has been doing the processing, without being overpowered by it

In the clinical sense, it is metacognitive awareness: the prefrontal capacity to monitor one's own mental states from sufficient distance to see them as states rather than as reality

The observing Self doesn't eliminate the ego. It creates enough room to hold the ego's participation alongside something else. To notice the defense without becoming it, to feel the narrative without being organized by it



© Antonieta Contreras

96

OTHERS

Others are the abstract notion that our lives are shared and our experiences depended on our interactions

The ego organizes experience around the self's own narrative. The Self receives and integrates what experience produces. The observing Self witnesses both. But none of them operates in isolation

Others, when genuinely present in the architecture, organize experience from the inside, through the way the system has encoded their significance

emdria[™]
CONFERENCE 2026

Others are not the audience of our internal life. In a fully developed system, they are part of its structure



© Antonieta Contreras

97

WHAT RELATIONAL ADAPTIVE PROCESSING REQUIRES

Function	
Regulation	Ability to modulate activation
Integration	Ability to link affect, memory, cognition, and meaning
Relational Integration	Ability to maintain self-other representations and relational consequence within ongoing processing

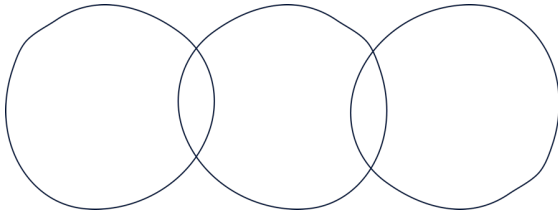
emdria[™]
CONFERENCE 2026

© Antonieta Contreras

98

Relationships

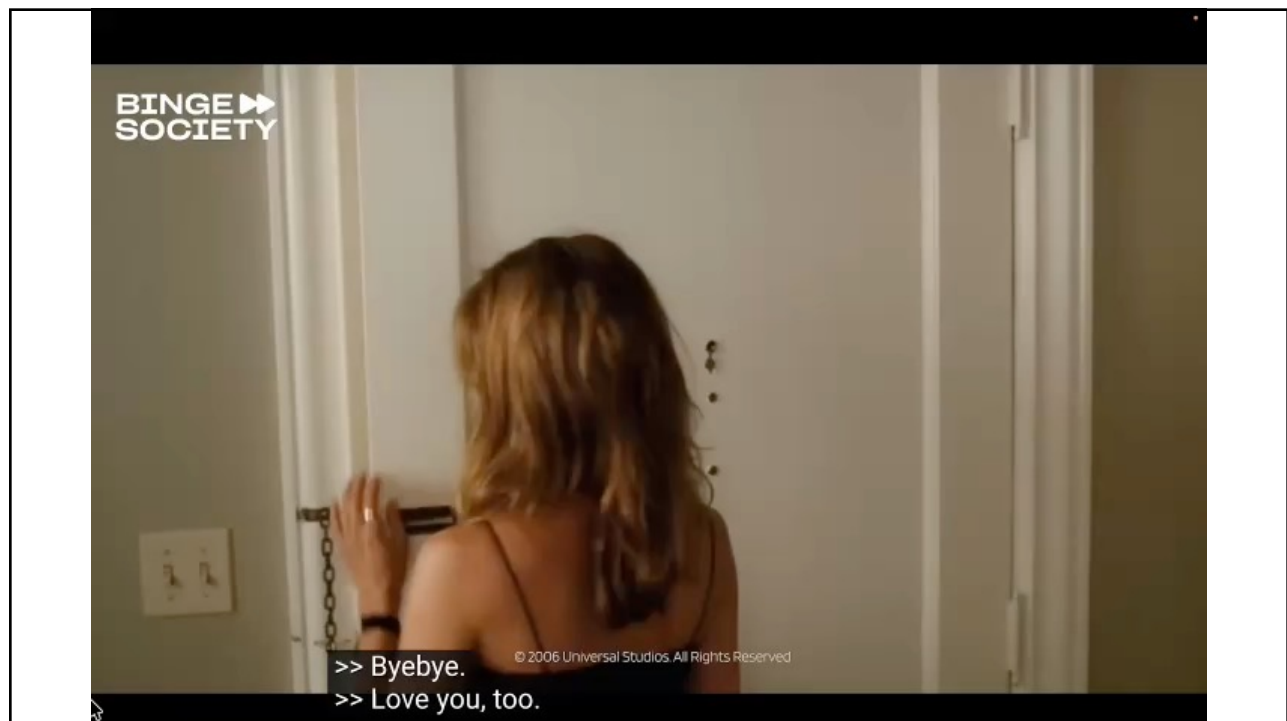
ACCOUNTABILITY AT THE CORE
OF OUR INTERNAL
ORGANIZATION



emdria[™]
CONFERENCE 2026

© Antonieta Contreras

99



100

RELATIONAL CAPACITY AND SAFETY

The nervous system learns what safety feels like from

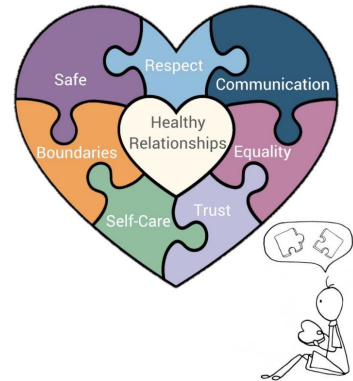
- Another person
- Another body
- Another nervous system
- Another presence that returned the system to equilibrium when it couldn't return itself

That learning never stops

Throughout life, relationships remain the most reliable path back to safety.

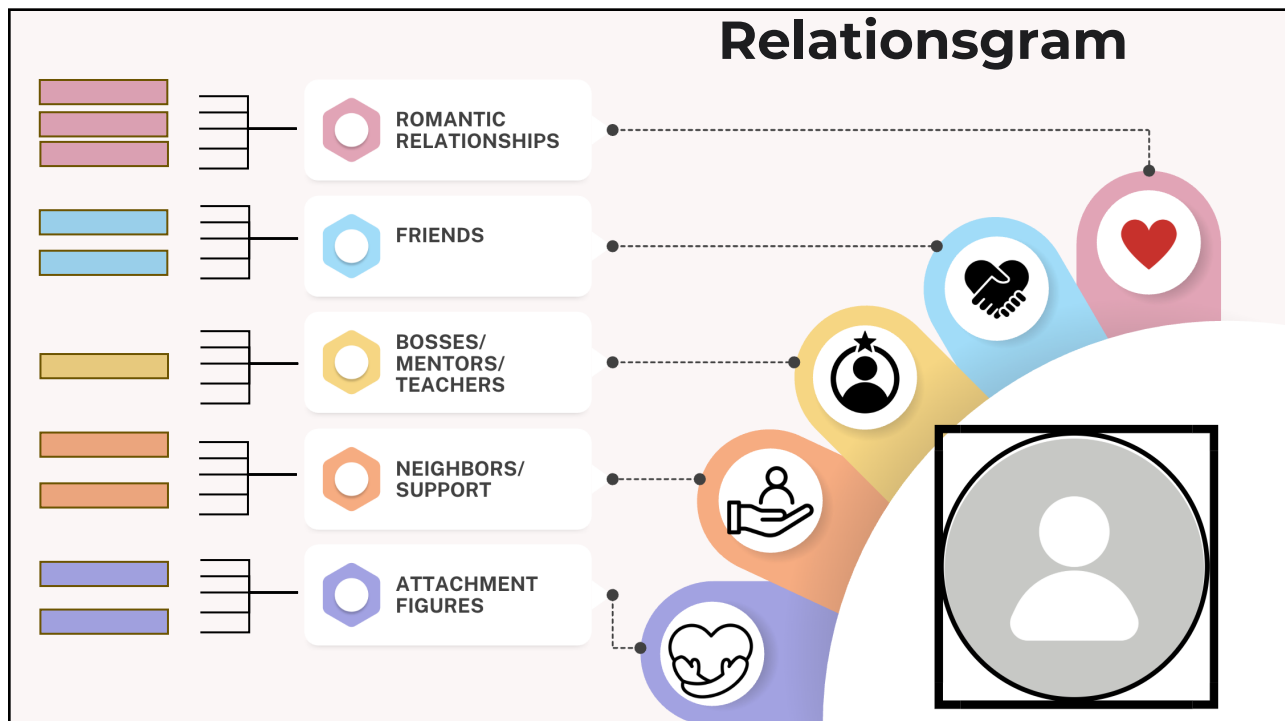
emdria™
CONFERENCE 2026

*Relationships are
not where we go
when we feel safe.
They are how we
become safe*

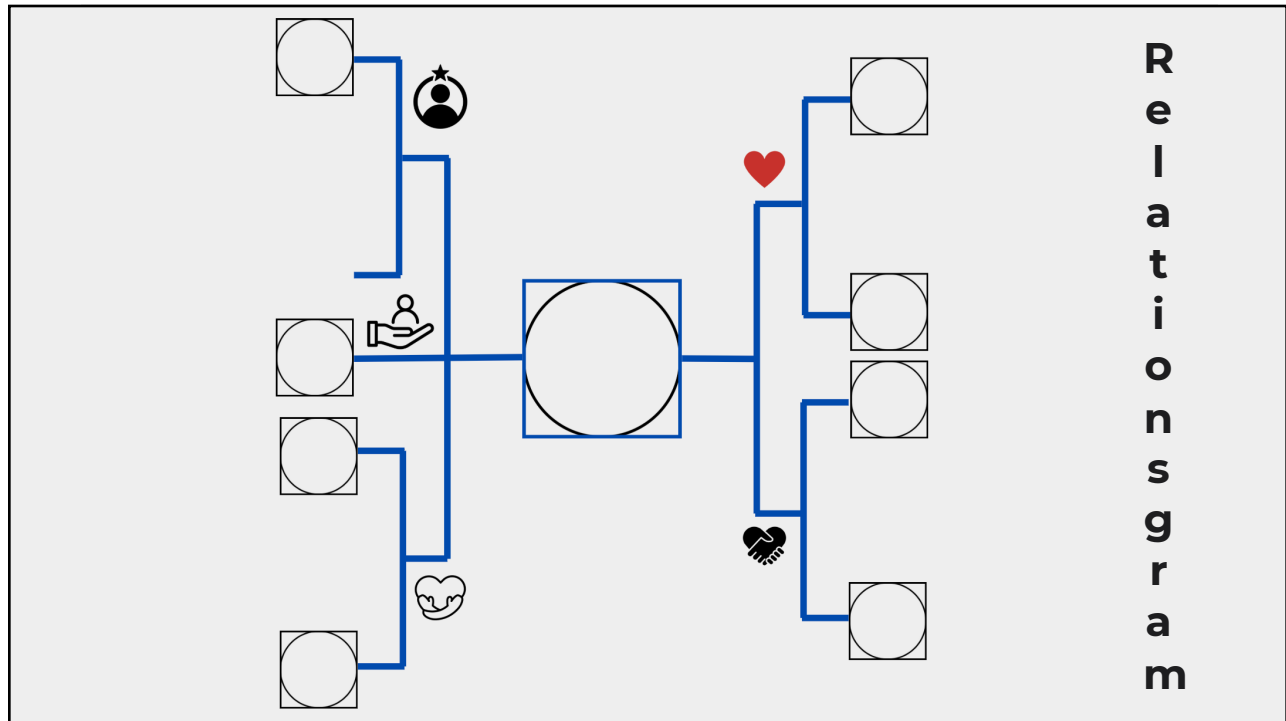


© Antonieta Contreras

101



102



103

FAILED RELATIONSHIPS

The top answers about why relationships ended are almost always direct symptoms of a partner refusing to take responsibility of their actions

Lack of accountability gradually erodes the other's sense that they matter, that they can trust, that their presence makes a difference

Accountability often requires tolerating:

- Shame
- Dissonance
- Vulnerability
- Uncertainty
- Injury to self-image
- Relational complexity

The quiet death of a relationship is the feeling that your presence no longer makes a difference



emdria[™]
CONFERENCE 2026

© Antonia Contreras

104



105

ACCOUNTABILITY (OR THE LACK OF)

Accountability is what happens when the people affected by our actions remain present in our minds long enough to influence how we understand, repair, and respond to what happened

When the stakes feel high, many people stop seeing the whole picture. Their attention narrows around protecting themselves, proving their point, reducing discomfort, or avoiding blame

emdria[™]
CONFERENCE 2026

*The impact on others
can simply disappear
from awareness because
there isn't enough
mental space to hold
both realities at once*



© Antonieta Contreras

106

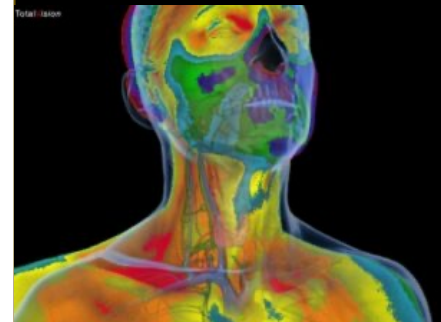
WHAT ACCOUNTABILITY REQUIRES

The person affected has to stay present long enough to matter:

- Held in working memory
- Continually flagged as relevant by the salience network
- Assigned personal weight by regions like the medial prefrontal cortex
- Consequences and repair have to be modeled forward, simulated before or during the response, not only reconstructed afterward

All of this has to hold under pressure. Prefrontal prediction working in real time

Mid-conflict is a far harder requirement than the same prediction made calmly in reflection



107

DIVIDED ANTICIPATION

Accountability may require sufficient mental space to hold *“I am still valuable,”* and *“I caused impact.”* Many people find it difficult to keep both truths alive at the same time

For example:

- If acknowledging harm threatens annihilation/shame, the system may defensively reject the information
- If the self is highly rigid or fragile, contradiction may become intolerable
- If others are weakly represented structurally, their emotional reality may fail to sufficiently organize the self

emdria™
CONFERENCE 2026



© Antonieta Contreras

108

THE FIGHT FOR RESOURCES

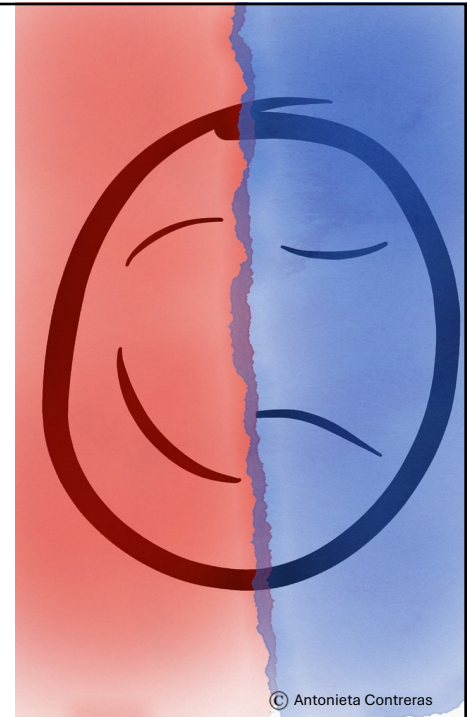
Relational consequence awareness is metabolically and cognitively expensive.

It requires maintaining a representation of:

- Oneself
- The other
- The relationship
- The possible impact on the other
- The future implications
- Competing emotional states

Often conflicting motivations simultaneously

emdria[™]
CONFERENCE 2026



109

PERFORMATIVE ACCOUNTABILITY

A person may cognitively “admit fault” without fully integrating the relational impact, emotional meaning, or consequence to others. That represents narrative acknowledgment without deeper relational integration

Some individuals may become excessively accountable:

- Hyper-responsible
- Chronically self-blaming
- Over-organized around others’ emotional states
- Unable to differentiate impact from total self-worth
- Over apologetic

emdria[™]
CONFERENCE 2026

*Healthy
accountability
requires balanced
self-other integration*



110

DEVELOPING AN ABUSIVE RELATIONSHIP

Abuse may emerge when the preservation of the self, attachment, control, or defensive stability becomes structurally prioritized over the preservation of the other as a psychologically consequential subject

The problem is not always absence of empathy or intention of oppression/control, but the inability to maintain relational consequence awareness under defensive activation

emdria[™]
CONFERENCE 2026



© Antonieta Contreras

111

STAYING IN ABUSIVE RELATIONSHIPS

In trauma bonding, the other becomes structurally over-consequential

The relationship progressively reorganizes the emotional system until the preservation of attachment becomes prioritized over the preservation of the self

The person is no longer simply loved or desired. They become neurologically, emotionally, and organizationally central

emdria[™]
CONFERENCE 2026



© Antonieta Contreras

112

The State of The System

UNDERSTANDING WHAT NEEDS
TO BE TREATED

emdria[™]
CONFERENCE 2026

© Antonieta Contreras

113



**EMOTIONAL PAIN
IS UNIVERSAL**

emdria[™]
CONFERENCE 2026

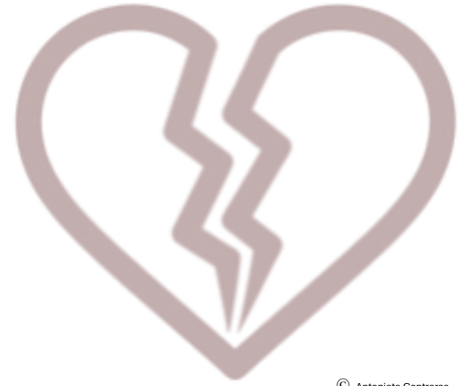
*Emotional pain reflects what matters
Emotional suffering comes from the
meanings, expectations, and actions
the system has learned to organize
around what we feel*

© Antonieta Contreras

114

Psychological pain feels physical because it is produced by real changes in neural activity, muscle tone, autonomic regulation, and body prediction

emdria[™]
CONFERENCE 2026



© Antonieta Contreras

115

DIFFERENT WAYS EMOTIONAL PAIN ORGANIZES

Pain arises when significance is activated by experience. Some experiences call for immediate protection. Others call for integration and revision



SURVIVAL-ORIENTED EMOTIONAL FUNCTIONING

- Prioritizes speed over nuance
- Narrows attention
- Mobilizes or shuts down the body
- Increases rigidity
- Favors certainty and reflex
- Anticipate with short time horizon

ADAPTATION-ORIENTED EMOTIONAL FUNCTIONING

- Allows complexity
- Integrates mixed information
- Supports reflection
- Tolerates uncertainty
- Enables repair and growth
- Anticipate with longer time horizon

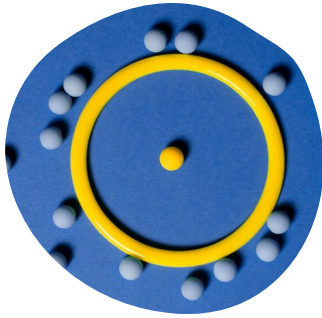


emdria[™]
CONFERENCE 2026

© Antonieta Contreras

116

EMOTIONAL PAIN AS A BOUNDARY



emdria[™]
CONFERENCE 2026

- Capacity boundary → *“This is too much”*
- Relational boundary → *“This is not safe / not reciprocal”*
- Meaning boundary → *“This doesn’t fit my world”*
- Identity boundary → *“This threatens who I am”*

Sometimes the boundary helps us adapt
Sometimes it protects us by limiting what we can process or assimilate

Adaptive → more flexible boundaries
Protective → rigid boundaries that lead to reorganization

© Antonieta Contreras

117

PAIN INSTRUCTIONS

The responses pain enforces are specific:

- Withdrawal from what hurts
- Rigidity against what might change
- Numbness against what cannot be tolerated
- Control over what feels unpredictable
- Performance to prevent exposure
- Attack before the anticipated rejection arrives

The pain is the signal that protection has been activated. The problem is when the protection outlasts the threat that originally required it

emdria[™]
CONFERENCE 2026

The nervous system uses pain as one of the most efficient ways to enforce protection. Not always by signaling damage, but by producing a protective response



Antonieta Contreras

118

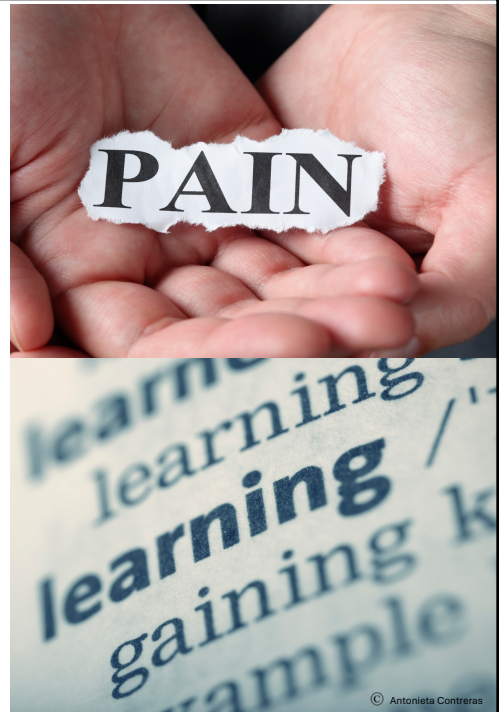
ADAPTATION & PAIN

Adaptative functions engage the pain circuits more frequently than survival

Survival uses pain selectively and briefly. Adaptation lives in it

Insula, ACC, oxytocin, reward system. Mainly CNS
Survival responses often suppress pain, not amplify it
Pain is not the primary currency of survival

emdria[™]
CONFERENCE 2026



119

DIFFERENT STATES OF THE SYSTEM

When emotional pain goes unaddressed, it can settle into one of two different states that often look alike, but come from different circuits and require different interventions:

- **An emotional wound:** pain rooted in meaning, loss, and adaptation
- **A traumatic injury:** pain rooted in an active, unresolved threat response

A scar exists once either has been resolved. The mark remains but the circuit is no longer active. Similar presentations, different systems, different work

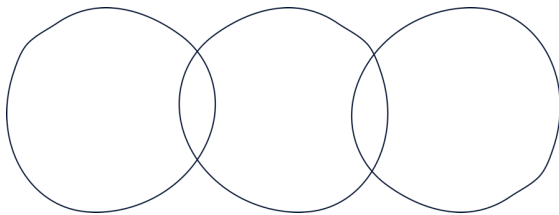
Treat one as the other, and the work goes nowhere, or reopens what had already closed



120

Emotional Wounds

WHEN THE HEART ACHES



emdria[™]
CONFERENCE 2026

© Antonieta Contreras

121

A BLOW TO MEANING

The nervous system does not distinguish between a blow to the body and a blow to meaning

Momentary pain → signal (adaptive)

Organized pain → persistent state (wound)

Pain flares under emotional stress. It migrates without structural explanation and persists despite physical improvement

It returns when identity or control is challenged

emdria[™]
CONFERENCE 2026



© Antonieta Contreras

122



123

WOUNDING PAIN

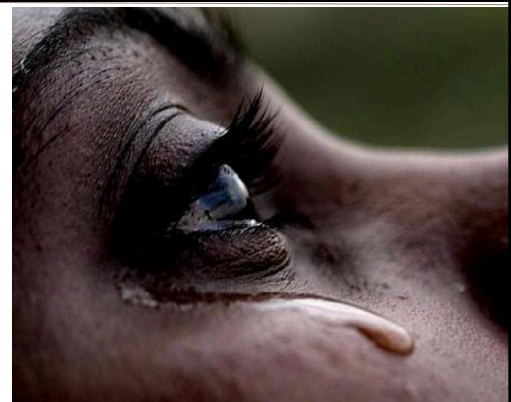
It is the activation of the brain's social and affective networks in response to experiences interpreted as

- Loss
- Rejection
- Failure
- Betrayal
- Self-doubt

It signals that something significant to the system has been threatened or damaged

Unlike physical pain, it does not resolve when the threat passes.

It persists as long as the meaning remains unrevised or unresolved



*Pain is the cost of
both protecting and
engaging with what
matters*

© Antonieta Contreras

124

An EMOTIONAL WOUND is the imprint left when pain forces the system into a meaning that cannot update.

It represents a breakdown in the dialogue between the emotional system and the reflective one.

Meaning becomes fixed, action becomes repetitive, and anticipation narrows

Over time, this constriction disconnects the person from self-awareness, agency, trust, and others

emdria™
CONFERENCE 2026

© Antonieta Contreras

125

UNRESOLVED EMOTIONAL WOUNDS

A painful experience that has not completed its natural processing or found a meaning that gives peace to future anticipation, stays open

After the event, if the system cannot fully metabolize it, the wound remains predicting negative outcomes

The person can function, but certain experiences, relationships, or moments of vulnerability will find it. When they do, the response is disproportionate to the present because it is answering to something older that has not been resolved

Equilibrium has not been lost, but the file cannot get satisfactorily updated to be closed

emdria™
CONFERENCE 2026



© Antonieta Contreras

126

PREPARING EMDR FOR AN EMOTIONAL WOUND

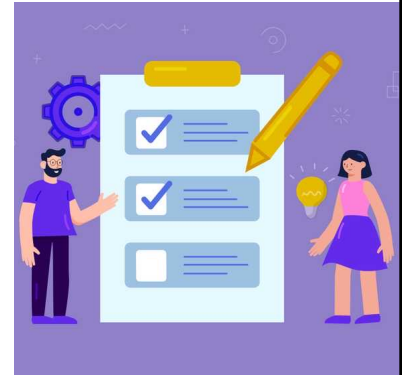
An emotional wound doesn't just need the system convinced it's safe. It needs the meaning completed and the file closed with something that makes future anticipation bearable

Aiming at safety only, the way trauma work does, can activate more than it resolves

Regulation is part of preparation, but it isn't the only goal.

Emotional wounds call for a shift in the target, not just toward safety, but toward completing the meaning the past left unresolved

emdria[™]
CONFERENCE 2026



*Look for trouble
and you'll find
it*

127

RESOURCING, AT FULL WIDTH

Completing meaning for an emotional wound may include:

- Recovering something the person once had and lost
- Supplying something they never had
- Generating something new: a perspective, an understanding, a version of the story that resolves rather than repeats

Paired with processing that specific memory and the specific meaning blown, the wound often resolves on its own.

What was missing gets supplied, the memory gets touched, and the wound resolves

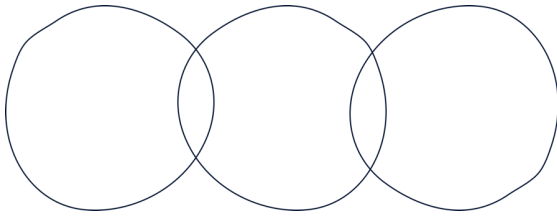


emdria[™]
CONFERENCE 2026

128

Traumatic Injuries

WHEN LIFE FEELS AT RISK



emdria[™]
CONFERENCE 2026

© Antonieta Contreras

129

PRIORITiES

1. Survival
- 2.
- 3.



emdria[™]
CONFERENCE 2026

BRAIN'S MAIN FUNCTIONS

The nervous system has innate mechanisms to ensure survival. It has been assumed that the system is constantly evaluating: Am I safe? Can I proceed?

© Antonieta Contreras

130

PRIORITIES

1. Reducing Uncertainty
2. Survival
3. Adaptation



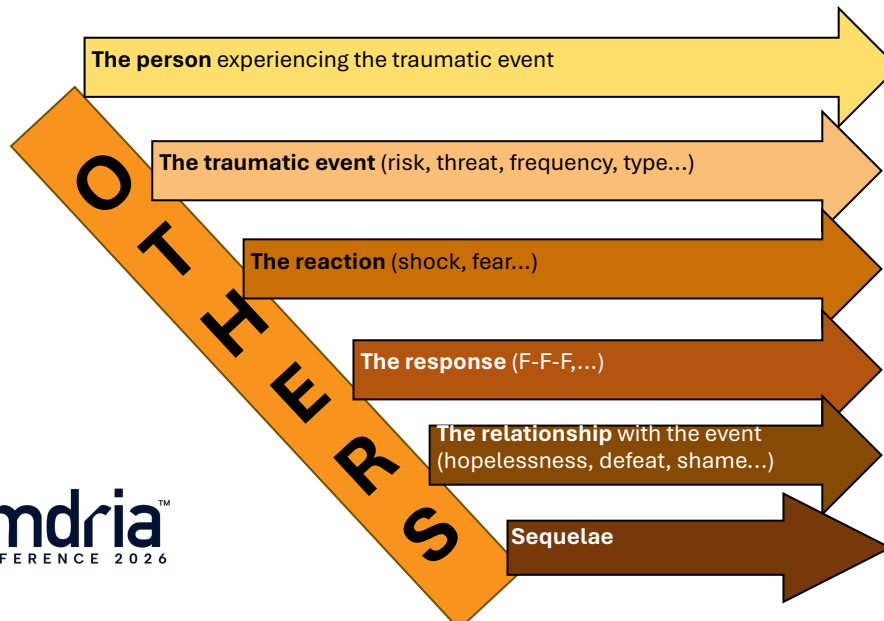
What we call survival is the system's continuous effort to make the next moment less unknown

emdria[™]
CONFERENCE 2026

© Antonieta Contreras

131

ELEMENTS OF THE TRAUMA PHENOMENON



emdria[™]
CONFERENCE 2026

© Antonieta Contreras

132

WHAT TRAUMA ACTUALLY IS

**Trauma is an injury that has not closed
because we still feel at risk**

Trauma is not the event

Trauma is not the memory

Trauma is not the pain

*The same event can produce trauma in one
person, a wound in another, and nothing in
another*

The state of the system is what tells us the story

emdria™
CONFERENCE 2026



133

AN ACTIVE INJURY

The system remains in chronic protective organization
when there is:

- Persistent autonomic dysregulation
- Ongoing allostatic load or overload
- Inability to restore equilibrium
- Chronic defensive anticipation and a sense of defeat
- Recurrent activation/shutdown due to perception distortions and disconnection with the present
- High energetic cost due to the activation of extreme responses that keep worsening functionality
- Overall functional impairment
- Consolidation of an uncorrected prediction into the system's default



134

THE DIFFERENT FACES OF A TRAUMATIC INJURY

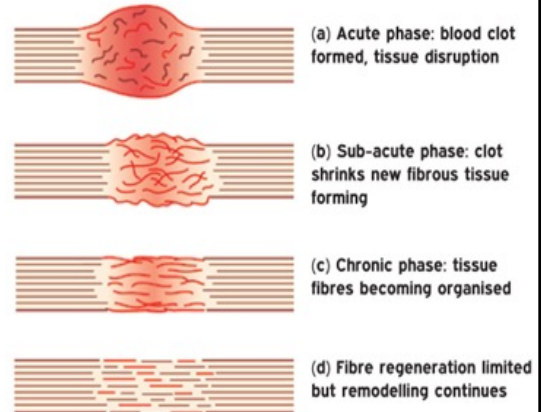
Impact: injury

Protective stabilization: avoidance, emotional numbing, hypervigilance, dissociation, withdrawal, control behaviors, attachment clinging, age, compulsive thinking

Inflammatory activation: the injury remains highly reactive and sensitive

Reorganization: increased regulation, new meanings, expanded tolerance, relational safety, updated predictions, emotional flexibility

Remodeling / Integration: reduced defensive urgency, restored relational capacity, tolerance for uncertainty, increased emotional range, capacity for reflection during distress, less state-dependent functioning



emdria[™]
CONFERENCE 2026

© Antonieta Contreras

135

WHAT IS TRAUMATIZATION?

Traumatization is a process

The struggle of a system trying to adjust to demands it has appraised as life-threatening

For as long as the brain believes it is under threat, survival circuits stay active

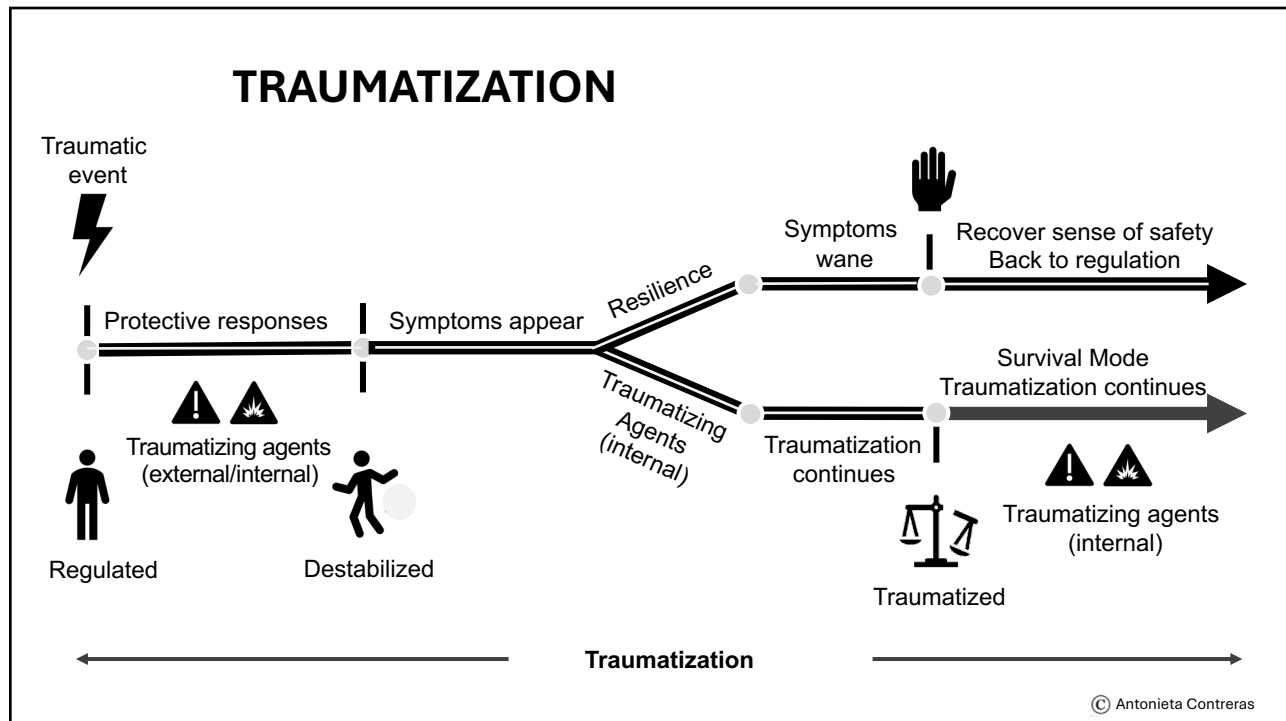
Functions stop operating normally and start operating in crisis mode, acutely protecting the system, regardless of the cost

This isn't about how dangerous a situation actually is. It's about whether the brain has appraised it as a threat to survival, which is why traumatization can be present even when nothing, from the outside, looks life-threatening at all

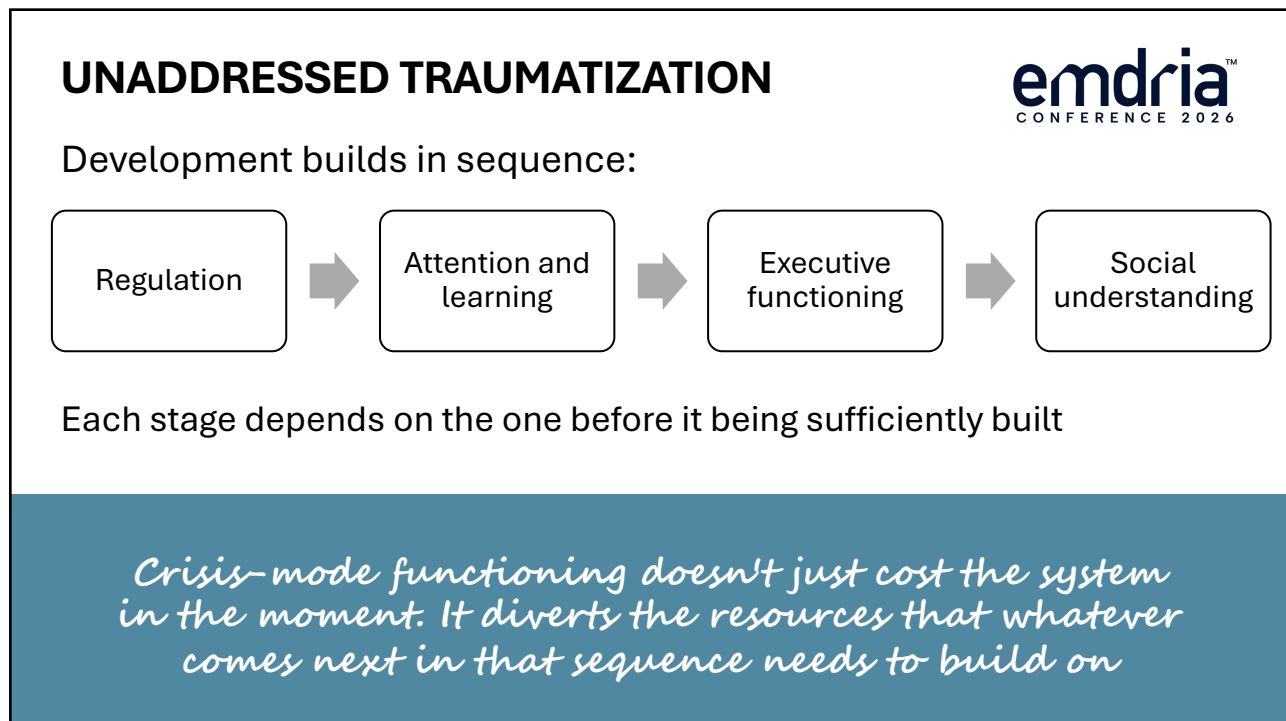
emdria[™]
CONFERENCE 2026

© Antonieta Contreras

136



137



138

TRAUMATIZATION AND OUR SYSTEM

emdria™
CONFERENCE 2026

139

THE AFTERMATH OF A WOUND VS AN INJURY	
EMOTIONAL WOUND	ACTIVE TRAUMATIC ORGANIZATION
Painful	Survival-organized
Emotionally meaningful	Chronically anticipatory
Influences identity	Narrows flexibility and fixes self-image around wound
May remain emotionally alive	Continues generating threat prediction
Does not necessarily impair integration	Disrupts integration
Can coexist with regulation	Often involves dysregulation/disorganization
May become adaptive wisdom	Remains organized around unresolved protection/ no learning

© Antonieta Contreras

140

PAIN OR EMERGENCY?

Adaptive significance

- The memory carries weight. It matters. It hurts. It may hurt forever
- The system keeps it alive because it was important, because the learning encoded in it is still relevant: *I remember. And what I remember still means something*

Perceptual hyperactivation

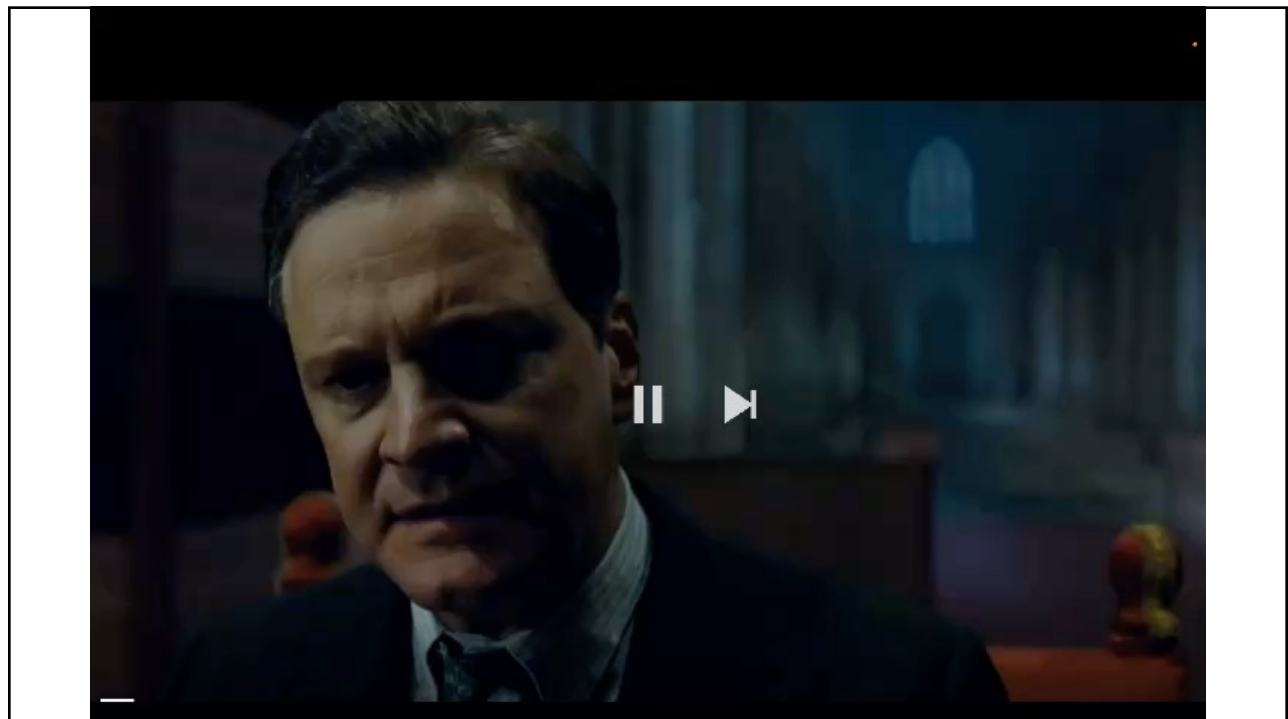
- The threat-detection system is misfiring in the present
- *I am afraid. Now. Of this!*
- The past is bleeding into the present, but the person can still locate themselves in time. They know, somewhere, that this is a reaction.

Dysregulation

- The system is still preparing for what already happened
- There is no past. There is only now, and now is dangerous
- The emergency response has overruled will, agency, and coherence.
- The person is no longer reacting to a trigger. They are inside the original event

© Antonieta Contreras

141



142

BRAIN'S GRAMMAR UNDER PRESSURE

All three are equally fluent, equally automatic.

But they are not the same thing and they don't need the same treatment.

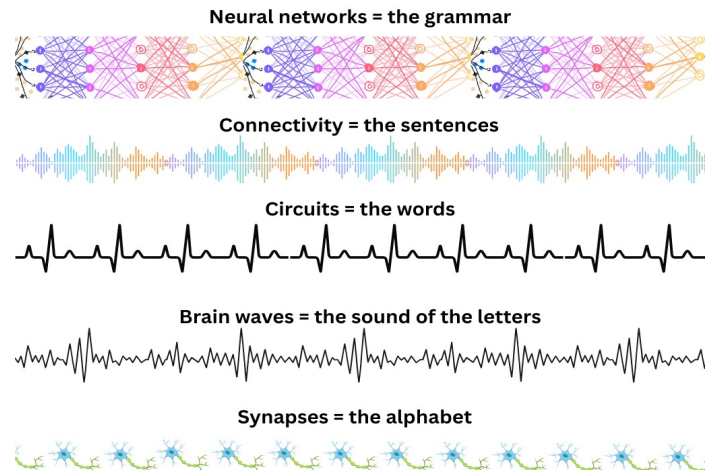
A wound is a lisp: a permanent shape, still fluent

Trauma is a stutter: the system caught, repeating, unable to move past the same word

Coherent: reinforced, myelinated, serving the person. The grammar built as intended

Bent: reinforced, myelinated, but shaped around a wound. Still fluent and functional, just with a permanent inflection. An accent, a stutter

Interrupted: the grammar can't complete the sentence. Stops mid-construction



143

WHAT NEEDS TO BE TREATED?

Active Trauma	The injury is still open. Unresolved fear still running in the present. Hopelessness and defeat keep the system maladaptive. No exit. No safety. No possibilities. This is what EMDR is designed to treat
Resolved injury	The wound has closed. Downstream problems may remain, depending on how long traumatization ran. But the person can find safety in the present. Possibilities exist. Prediction is not always defeat. Processing integrates and consolidates
Emotional wound	Connected to adaptation, emotional pain, and rigidity. Mainly, a CNS problem. A different kind of injury. Needs care and update of meaning
Scar	The healed trace of what was. Tender and visible perhaps. No longer a wound. Relative physiological stability, adaptive functioning, largely restored but persistent anticipatory shortcuts remain, certain contexts still trigger biased interpretations, rigid emotional scripts may persist without global dysregulation.
Consequences	The aftermath that may stay in some degree, sometimes forever. But stopped going bad further. May not create real dysfunction. The injury is over even if its shadow remains

© Antonieta Contreras

144

Emotional Wound or Traumatic Injury? Assessment Practice



<https://www.antoniettacontreras.com/emdria2026>

emdria[™]
CONFERENCE 2026

*Emotional dysregulation often
arises from the inability to
process or tolerate emotional
pain*

© Antonietta Contreras



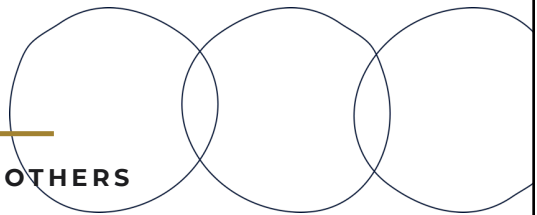
145

SCOM

STRUCTURAL CONSIDERATION OF OTHERS
MODEL

emdria[™]
CONFERENCE 2026

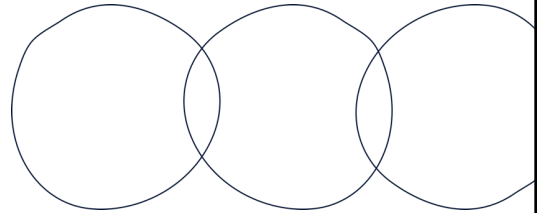
© Antonietta Contreras



146

*A difficulty that has
no name cannot be
targeted*

*A capacity that has not
been identified cannot
be deliberately
developed*



emdria[™]
CONFERENCE 2026

© Antonieta Contreras

147

WHAT WE'VE CALLED "RELATIONAL FUNCTIONS"

Four functions, studied for decades:

- **Empathy:** recognizing and resonating with what another person feels
- **Theory of mind:** inferring what another person believes, intends, or knows
- **Attachment style:** the pattern a relationship tends to take: secure, anxious, avoidant
- **Mentalizing:** holding both your own mental state and a specific other's at once

None of them asking whether the other person actually shapes what you notice, value, or do before you've had a chance to think, feel, or reflect at all



148

WHAT WE'VE CALLED CONSIDERATION

Moral philosophy asks whether we *should* consider others, a question of duty, not mechanism

Economics studies other-regarding preferences: whether people act in another's interest. But it measures the outcome of a choice, never whether the other person was actually part of the process that produced it.

Clinical psychology has given us empathy and theory of mind, the capacity to recognize what someone else thinks or feels

Different fields had different questions. None of them asking whether another person is actually built into the machinery that generates attention, valuation, and action



emdria[™]
CONFERENCE 2026

© Antonieta Contreras

149



150

WHY A NEW MODEL

A structural function requires a structural account: what it does, how it develops, how it can fail, and at what level it operates.

No existing framework provides this for consideration. Naming and formalizing it is a separate task from studying its effects

This is what Structural Consideration of Others Model sets out to do

emdria[™]
CONFERENCE 2026

© Antonieta Contreras

151

STRUCTURAL CONSIDERATION OF OTHERS MODEL (SCOM)

Consideration of others as a function is about whether the existence of others is structurally built into how we perceive, organize, and navigate life

It operates before conscious weighting, not as a deliberate calculation, but as part of how attention and decisions are already shaped

It activates across multiple structures, and requires a circuit built primarily through the salience network and the vmPFC-OFC pathway

emdria[™]
CONFERENCE 2026

© Antonieta Contreras

152

Structural Consideration of Others (SCO)
 is the capacity through which others
 genuinely enter our experience
 structurally, shaping what we notice, value,
 anticipate, and do before conscious
 deliberation fully emerges

153

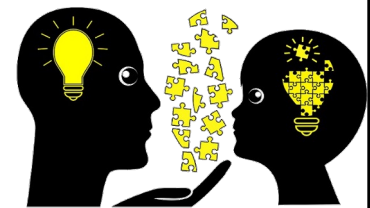
DEVELOPMENT OF STRUCTURAL CONSIDERATION OF OTHERS (SCO)

The sense-of-Self and the sense-of-Other develop simultaneously through the same co-regulatory interactions, same relational experiences, and same neural activations

You can't have a Self without an other to differentiate from. The "I" only exists in relation to a not-I

Without the capacity to hold others as significant, the Self has no relational mirror to develop against. It falls into pure self-referential coherence

The DMN without relational integration becomes the ego without an other to be in relation to



emdria[™]
 CONFERENCE 2026

© Antonieta Contreras

154

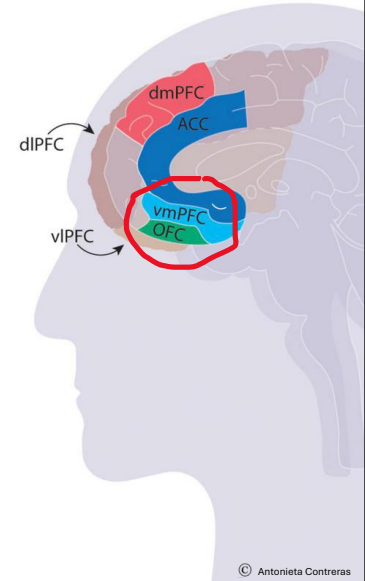
THE NEUROBIOLOGY OF CONSIDERING OTHERS

SCO is not a choice or a personality trait. It is a function supported by specific neural systems that develop through experience

- The **salience network** determines whether others register at all
- The **vmPFC** makes others personally **meaningful** (not just recognized)
- The **OFC** carries others into the moment before a decision is made. It generates predictions about what will happen when a specific action is taken

When these structures and their connectivity haven't developed sufficiently, SCO doesn't get programmed with the correct balance because the biological substrate that would support it isn't fully active

emdria[™]
CONFERENCE 2026



© Antonieta Contreras

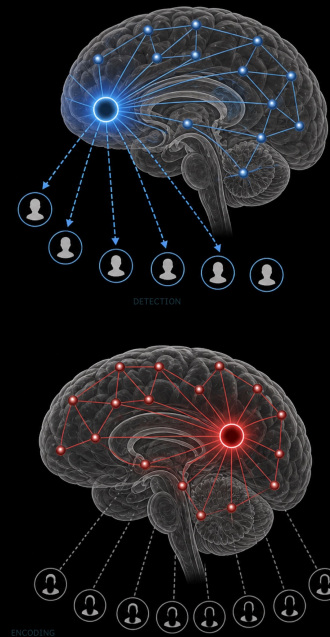
155

NEUROBIOLOGY TENDENCIES

When the vmPFC and OFC don't receive sufficient activation during development, the Default Mode Network fills the organizational role they would otherwise occupy

The DMN organizes experience around autobiographical memory, narrative identity, and self-referential coherence because that is what was most consistently activated when others weren't reliably significant

A self-centered narrative is what the brain builds when relational integration wasn't sufficiently reinforced



156

THE CONSIDERATION OF OTHERS CONTINUUM

emdria™
CONFERENCE 2026



At one pole: Others are structurally peripheral

- The person understands others and may feel genuine concern but at the moment decisions form, others are simply not part of the computation
- It's not intentional or cruel. It's the absence of the other person when the choice was made

At the other pole: the Self is structurally peripheral

- Others dominate experience. Decisions form around what others need, feel, expect. Not as a chosen ethical stance but as the default architecture
- The person's own needs carry insufficient weight within the processes that generate choice

© Antonieta Contreras

157

FROM ONE EXTREME TO THE OTHER

SCO doesn't simply exist or fail to exist. It develops and it can develop in either direction.

When SCO is well consolidated:

Neither pole dominates
Others are present without displacing the Self
The Self carries weight without crowding others out



emdria™
CONFERENCE 2026

© Antonieta Contreras

158

HOW IT DEVELOPS

Children initially experience others more as extensions, regulators, obstacles, or sources of gratification/threat

Gradually, increasing integrative capacity allows:

- Differentiation
- Mutuality
- Perspective coexistence
- Relational complexity

SCOM may actually participate in the developmental expansion from egocentric survival organization toward relationally integrated selfhood



emdria[™]
CONFERENCE 2026

© Antonieta Contreras

159

CULTURE SHAPES HOW CONSIDERATION IS EXPRESSED

In some cultures, consideration is shown through deference; in others, through direct honesty.

Some cultures prioritize the group; others emphasize individual autonomy.

Families differ in how responsibility, obligation, and independence are expected.

Healthy SCO may not look the same across different cultural contexts



emdria[™]
CONFERENCE 2026

© Antonieta Contreras

160

PREFRONTAL INTEGRATION

Adolescence is the second sensitive period or development, almost as important as the very first years. Sociocultural environment plays a major role in which circuits get reinforced.

During this time the brain becomes increasingly capable of:

- Integrating competing perspectives
- Anticipating long-term consequences
- Balancing self and other
- Tolerating ambiguity
- Updating relational rules

The sociocultural environment strongly influences which of these capacities become reinforced.

SCO continues consolidating throughout adolescence and early adulthood

emdria™
CONFERENCE 2026



© Antonieta Contreras

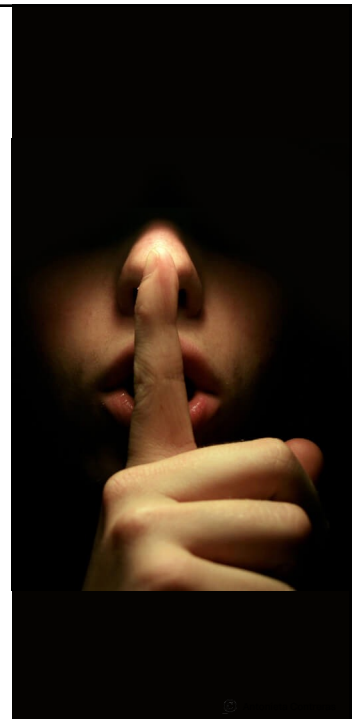
161

WHISPERING (An example)

You are in a room with others and feel the impulse to speak. Without thinking, you lower your voice.

- **Detection.** Others registered as present and relevant before any conscious thought formed.
- **Encoding.** They are not neutral presences. At some point they acquired enough weight in your circuitry that their comfort became something that matters.
- **Persistence.** The room could be empty and you might still whisper. Others organize your behavior even when they are not there.
- **Integration.** You did not decide to whisper. By the time any conscious choice was available, the adjustment had already happened. Consideration was not added to the impulse. It was built into it.

emdria™
CONFERENCE 2026



162

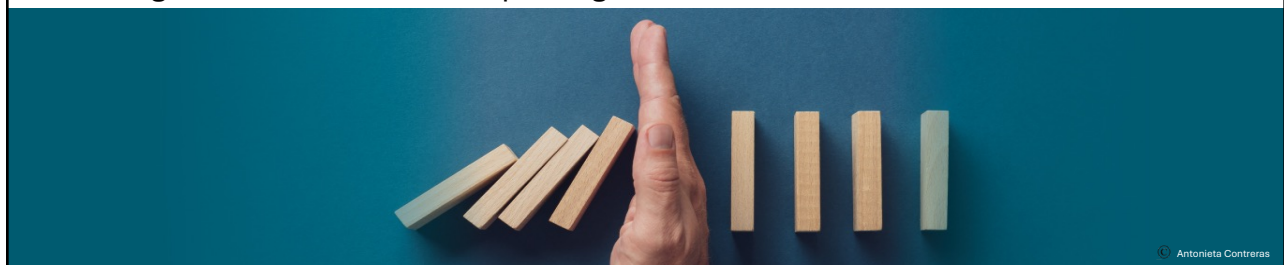
WHEN THE CAPACITY WAS BUILT BUT STOPPED BEING USED

emdria™
CONFERENCE 2026

Not every SCO difficulty has its roots in adversity. Some clients never developed the capacity. Others developed it and then gradually stopped exercising it

- An environment that consistently rewarded achievement over attunement
- Individual success over relational awareness
- Self-promotion over consideration of others

Others consolidated it during early development and then lost reliable access to it through later traumatization or prolonged stress



163

THE INFLATED SELF-IMAGE

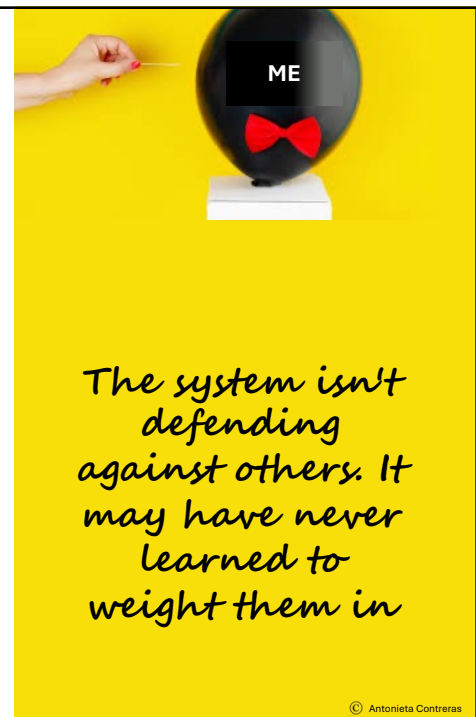
When SCO fails to become sufficiently stable, the Self doesn't develop against a genuine other. It develops against a mirror

Without others as genuinely distinct presences to accommodate, negotiate with, and be shaped by, the self-referential loop becomes the only organizational principle available

The ego consolidates around its own narrative

The pattern becomes invisible from the inside because **it is the inside**

emdria™
CONFERENCE 2026



*The system isn't
defending
against others. It
may have never
learned to
weight them in*

164

AE

AE arrives late to a meeting. He walks in, settles his things, begins speaking. It doesn't occur to him until someone mentions it that others have been waiting.

In the moments when he was deciding whether to hurry, whether to send a message, whether what mattered was what to wear, those people simply weren't part of the computation. They were absent in the process that shaped the decision

emdria[™]
CONFERENCE 2026



© Antonieta Contreras

165

LJ



emdria[™]
CONFERENCE 2026

LJ plans a weekend away. A good plan, something she's been looking forward to without checking whether her partner had already made arrangements

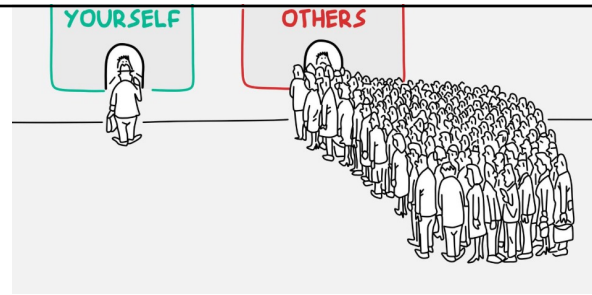
The partner had. When this comes to light, LJ is genuinely surprised and gets upset because her partner is not excited about her plan

In the moment the plan was forming, the partner's existence as someone with their own schedule, their own anticipations, their own week that was already taking shape, none of that entered the process. LJ loves her partner but he is absent from the decision-making process

© Antonieta Contreras

166

DB



DB cannot tell what they want for dinner. Every time someone asks them, the question produces a kind of blankness. The answer is normally *"I'm fine with whatever you want!"*

DB's own preferences, own needs, own sense of direction have so little weight within their own experience that locating them requires real effort

Others have always organized their experience. The self is structurally underrepresented within it.

emdria[™]
CONFERENCE 2026

© Antonieta Contreras

167

TRANSACTIONAL ORGANIZATION

Transactional Organization is a specific manifestation of **underdeveloped SCO** in which the salience network has learned to register others as significant in relation to what they provide rather than in relation to who they are

The other person enters experience when a transaction is active when something is needed, expected, or exchanged, and disappears from it when the transaction ends

Because persons, outside of their utility, never consolidated as intrinsically significant presences within the processes that organize perception and choice

emdria[™]
CONFERENCE 2026

Others are present in this person's life the way furniture is present in a room, noticed when needed, invisible otherwise



© Antonieta Contreras

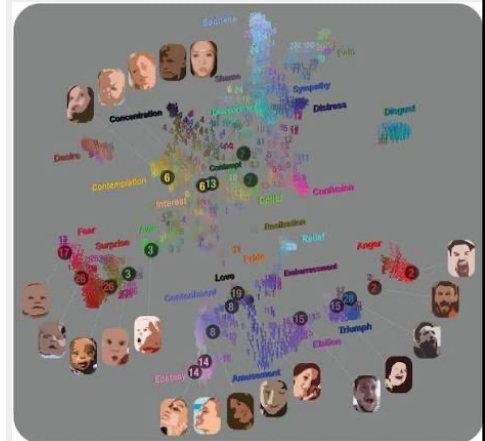
168

CULTURAL VALUES

In some families or cultures, prioritizing others is expected and adaptive. The clinical question is not whether consideration is high, but whether it remains flexible and allows room for both self and other

The **capacity** to incorporate others into perception, valuation, and action is universal.

How that capacity is expressed, through autonomy, obligation, emotional expression, deference, directness, caregiving, or reciprocity is profoundly influenced by culture, family, religion, and community



© Antonieta Contreras

169

ASSESSING THE SCO PRESENCE



Observe whether others naturally enter the person's ongoing experience.

During conversation:

Does the client...

- ✓ Spontaneously consider another person's perspective?
- ✓ Wonder what someone else might have experienced?
- ✓ Anticipate how actions affected others?
- ✓ Hold both realities simultaneously?
- ✓ Remember others without prompting?

Or does the conversation repeatedly return to:

- My...
- What happened to me
- What I felt
- What they did to me

without sustained weight for the other person's inner experience?



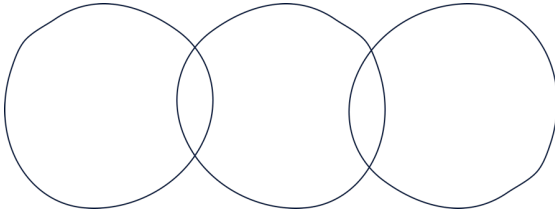
shutterstock.com · 2278018055

© Antonieta Contreras

170

The SCO Protocol

CLINICAL PREPARATION



emdriaTM
CONFERENCE 2026

© Antonieta Contreras

171

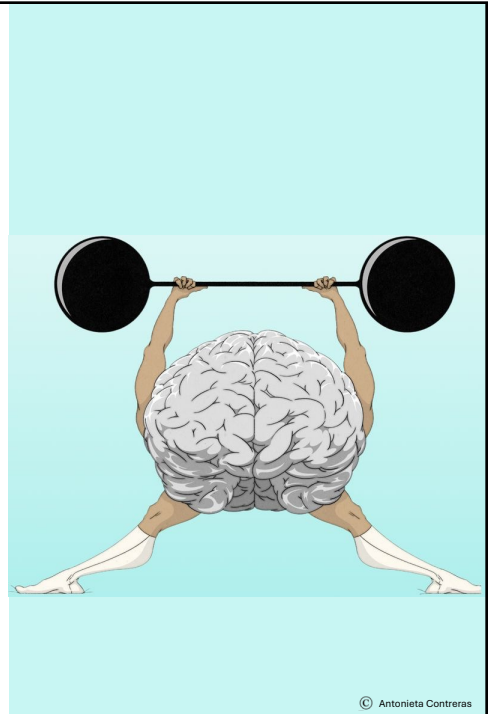
DEVELOPING RELATIONAL CAPACITY

The mechanism to achieve it is the deliberate, targeted activation of specific circuits (vmPFC, OFC) through multiple channels simultaneously

The goal is the **consolidation of a function** that then generalizes across all relationships and across the person's entire experience of being alive

The therapist is the engineer of the conditions under which the brain can build what it didn't build the first time or stopped using at some point

emdriaTM
CONFERENCE 2026



© Antonieta Contreras

172

FROM ABSTRACTION OF OTHER TO SELF

Abstraction of others is actually how the brain builds its social functions developmentally

The infant doesn't start with a concept of mother as a specific person. It starts with the experience of an other, a regulating presence, before that presence has a face, a name, a history, a disappointment attached to it

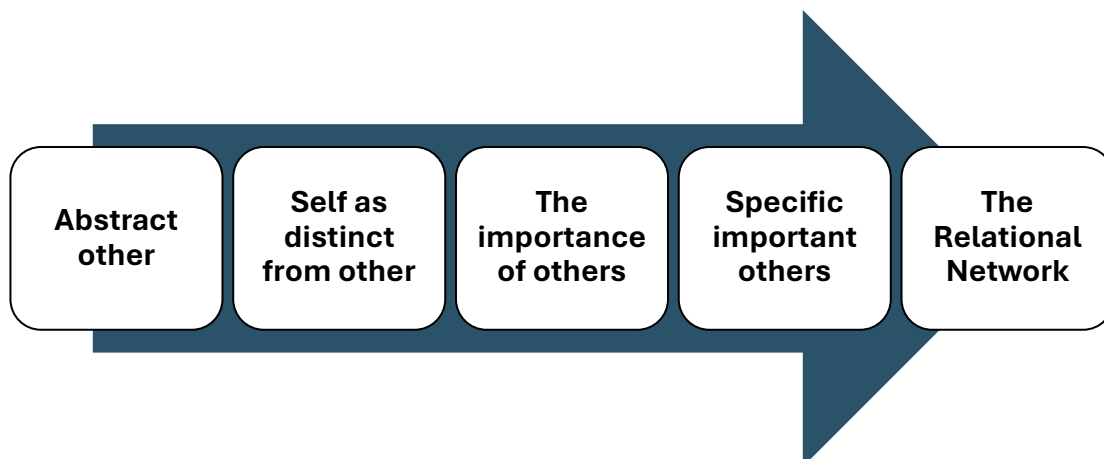
emdria[™]
CONFERENCE 2026



© Antonieta Contreras

173

DEVELOPMENTAL SEQUENCE



emdria[™]
CONFERENCE 2026

© Antonieta Contreras

174

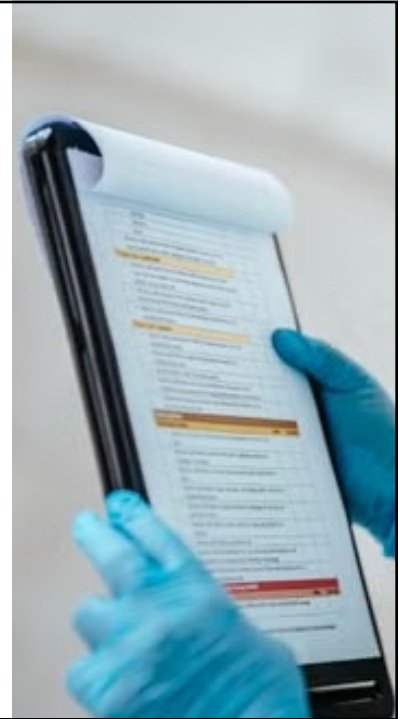
THE SCO PROTOCOL

The exercises are arranged to follow the approximate developmental sequence through which relational capacity normally emerges

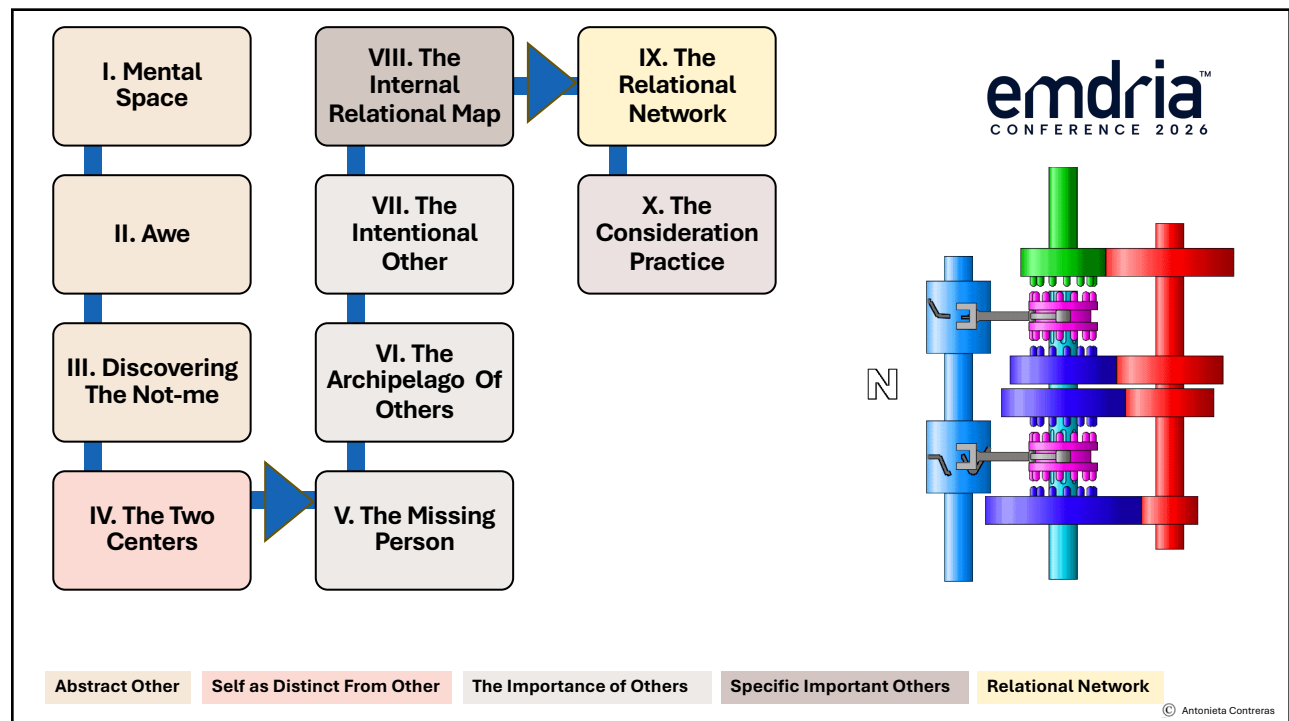
The protocol progressively activates, in sequence, the functions that let others enter experience rather than remain outside it

Pacing follows the system's current rigidity, moving only as fast as flexibility allows

Pacing follows the system's current capacity, moving only as fast as flexibility allows



175



176

EXERCISE	WHAT IT DOES
Mental Space	Creates room to hold something before engaging with it
Awe	Activates wonder toward humanity in general, before any specific person
Discovering the Not-Me	First contact with the idea that something exists outside the self
The Two Centers Exercise	Holds self and other as two separate, equally real experiences at once
Archipelago of Others	Maps people as independent lives, unconnected to your survival
The Missing Person	Notifies who never entered the picture at all
The Intentional Other	Deliberately brings someone specific to mind, on purpose
Internal Relational Map	Locates which actor (ego, Self, others) is present
Relational Network	Uses BLS to trace what a specific significant person activates
Relational Network Practice	Repeats that tracing until it strengthens on its own
Consideration Practice	Carries another person's presence into real decisions, daily

177

Daily Consideration Practice

a: Development: How does this affect others?

b: Rebalancing: What do I actually want here?



<https://www.antonietacontreras.com/emdria2026>

emdria[™]
CONFERENCE 2026




© Antonieta Contreras

178

GETTING IN TOUCH WITH YOUR OWN SCO

This is practice for you, in your own system, with your own material

To cultivate SCO in your clients it's better to have experienced it yourself

You cannot recognize what is absent in another person's architecture if you have never felt its presence in your own



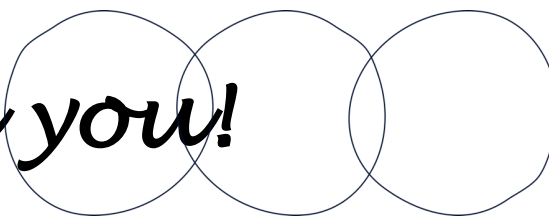
emdria™
CONFERENCE 2026

Pick one relationship in your life right now, and ask which pole of the continuum you lean toward with that person

© Antonieta Contreras

179

Thank you!


 Three overlapping circles in a horizontal row, drawn with thin blue lines. The circles overlap in the center and at the ends, creating a Venn diagram-like structure.

emdria™
CONFERENCE 2026

Antonieta Contreras, LCSW-R, BCN, CCTP-II

 contrerasantonieta@gmail.com

 antonietacontreras.com

© Antonieta Contreras

180



Session 544:
Relational EMDR Preparation
Antonieta Contreras, LCSW-R

**SCAN TO CHECK IN
& OUT OF SESSION**