



## SYNERGETIC PLAY THERAPY™

### What does Synergetic mean?

*Synergetics* is the [empirical](#) study of systems in transformation, with an emphasis on total system behavior unpredicted by the behavior of any isolated components, including humanity's role as both participant and observer. Since systems are identifiable at every scale from the quantum level to the cosmic, and humanity both articulates the behavior of these systems and is composed of these systems, synergetics is a very broad discipline, and embraces a broad range of scientific and philosophical studies including tetrahedral and close-packed-sphere geometries, [thermodynamics](#), [chemistry](#), [psychology](#), [biochemistry](#), [economics](#), [philosophy](#) and [theology](#). Despite a few mainstream endorsements such as articles by Arthur Loeb and the naming of a molecule "buckminsterfullerene," synergetics remains an iconoclastic subject ignored by most traditional curricula and academic departments.

[Buckminster Fuller](#) (1895-1983) coined the term and attempted to define its scope in his two volume work *Synergetics* <sup>[1][2][3]</sup>. His oeuvre inspired many researchers to tackle branches of synergetics. Three examples: Haken explored self-organizing structures of open systems far from thermodynamic equilibrium, Amy Edmondson explored tetrahedral and icosahedral geometry, and [Stafford Beer](#) tackled geodesics in the context of social dynamics. Many other researchers toil today on aspects of Synergetics, though many deliberately distance themselves from Fuller's broad all-encompassing definition, given its problematic attempt to differentiate and relate all aspects of reality including the ideal and the physically realized, the container and the contained, the one and the many, the observer and the observed, the human microcosm and the universal macrocosm. -*Wikipedia*

### What is Synergetic Play Therapy™ (SPT)?

Synergetic Play Therapy™ (2008) is a researched-informed model of play therapy blending the therapeutic power of play with nervous system regulation, interpersonal neurobiology, physics, attachment, mindfulness, and therapist authenticity. Its primary play therapy influences are Child-Centered, Experiential, and Gestalt theories.

Although Synergetic Play Therapy™ is a model of play therapy, it's also a way of being in relationship with self and others. It's an all-encompassing paradigm that can be applied to any facet of life and, subsequently, any model of play therapy can be applied to it or vice versa. Synergetic Play Therapy™ is both non-directive and directive in its application.

SPT is also a way of describing the collaboration of parts and centers that occur within therapist, within the child and in the relationship.

### Synergetic Play Therapy Philosophy:

The Synergetic Play Therapist aims to replicate the delicate **dance of attunement** that occurs between a caregiver and an infant. Since over 60% of communication is non-verbal, it is important that the therapist's verbalizations and non-verbal activity are congruent during the play therapy sessions in order to **transmit trust and safety** to the client. In doing so, the therapist maximizes right-hemisphere to **right-hemisphere communication** and acts as an **external regulator** for the client's dysregulated states (Shore, 1994) as they arise in the play therapy process.



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The **therapist is the most important toy in the playroom**. Toys are used to help facilitate: 1) The relationship between the child and his/her/their perceptions of the challenging experiences in his/her/their lives and 2) The relationship between the therapist and the child. SPT believes that the toys themselves are not as important as the energy and emotions that arise as a result of **how the child is playing** with them. In Synergetic Play Therapy's (SPT) truest form, **toys and language are not required**.

SPT posits that the therapist's ability to **engage in mindfulness and model regulation** of his/her/their own nervous system is the foundation for clients to learn how to manage their own. The therapist has to lead the way, just like a caregiver has to lead the way for an infant.

The therapist must **work at the edge of the window of tolerance** and the regulatory boundary of the dysregulated states inside both child and therapist in order to expand those boundaries and re-pattern the disorganization in the nervous system. A core principal of SPT is the therapist's ability to be **authentic and congruent** in his/her/their expressions, coupled with the ability to **co-regulate through the crescendos and decrescendos in the client's arousal system** (Shore, 2006), allowing the child to move towards the uncomfortable thoughts, emotions and sensations that are attempting to be integrated.

"When the relationship is experienced as safe enough, the dissociated experiences will begin to come into conscious awareness. As we resonate together, the activation will amplify and, if our window of tolerance is broad enough to contain this energy and information, our patient will also experience a widening of his or her window. In the research of Carl Marci and colleagues (Marci & Reiss, 2005), these moments of autonomic synchrony were subjectively experienced as empathetically rich interpersonal joining. This research showed that within the session, our nervous systems will flow into, out of, and back into synchrony many times. This rhythm is parallel to the dance of mother and infant as they move from attunement to rupture and back to repair over and over, laying the foundation for security, optimism, and resilience." (Badenoch, 2008)

With repeated observation of the **therapist's willingness to stay authentic and move towards the challenging emotions** and physical sensations aroused through the play, the **child's mirror neuron system** is activated and the child learns that it is ok to also move towards their own challenging internal states. Research shows that as clients begin to move towards their challenging internal states, **new neural connections are created** until a **critical state** is reached that results in a **new neural organization** (Edelman, 2004; Tyson, 2002).

As an all-encompassing paradigm with Child-Centered, Gestalt, and Experiential Play Therapy influences, it **expands on the therapeutic powers of play** while focusing on being in relationship with the child, not doing something to the child. Through the play itself, the Synergetic Play Therapist supports the child in changing his/her/their perceptions of the perceived challenging events and thoughts in his/her/their life, as well as getting in touch with his/her/their **authentic self**.

In SPT, the child's symptoms are understood as **symptoms of a dys-regulated nervous system**. These dys-regulated states arise as a result of: 1.) The perceived challenges and thoughts the child is having regarding the events in his/her/their life and 2.) The child has lost **attachment with him/**



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**her/themselves** and is attempting to be someone they are not (acting from “shoulds”) instead of being who they truly are.

The result of Synergetic Play Therapy™ is that the child **heals from the inside out and from the lowest parts of the brain up.**

### Resources:

Badenoch, B. (2008). *Being a brain-wise therapist: A practical guide to interpersonal neurobiology*. New York, NY: Norton.

Edelman, G. M. (1987). *Neural Darwinism*. New York, NY: Basic Books.

Iacoboni, M. (2008). *Mirroring people: The new science of how we connect with others*. New York, NY: Farrar, Straus and Giroux.

Marci, C. D., & Reiss, H. (2005). The clinical relevance of psychophysiology: Support for the psychobiology of empathy and psychodynamic process. *American Journal of Psychotherapy*, 259, 213–226.

Schore, A. N. (1994) *Affect regulation and the origin of the self: The neurobiology of emotional development*. New York, NY: Erlbaum.

Tyson, P. (2002). The challenges of psychoanalytic developmental theory. *Journal of the American Psychoanalytic Association*, 50(1), 19–52.