



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* [\[1\]\[2\]\[3\]](#). 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.

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/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.



Determining your values:

It is estimated that over 95% of the human population does not know what their values are. Values are defined by what is important to an individual in their life, not moral or ethical values (honesty, compassion, etc.). The only thing that a person is able to commit to in their lives is their values, because it is our values that help move us towards our life purpose. No two people on the planet have the same hierarchy of values. Many people lead unfulfilling lives simply because they are trying to live someone else's values instead of honoring and living their own.

In order to determine your values, please complete the following exercise. Try to be as specific as possible. Your values are determined by your actions, not your beliefs. Take a look at how you spend your life right now, not what you want to be doing or think you should be doing. You are always doing things that are in line with your values.

Demartini Value Determination Process™

Answer the questions below to help you identify your hierarchy of values. Think about the things you love to spend your time doing, the things you love in your home/office, the things you always have energy to do no matter how tired you are, think about the things you find it easy to spend money on and look to see where in your life you are focused and disciplined and reflect on what the common things are that you love to think and talk about.

(List three items per question and try to be as specific as possible. For example, if you put items such as work, reading, watching television, etc. – ask yourself what it is about these activities that you specifically like.)

1. How do you fill your space _____
2. How do you spend your time _____
3. How do you spend your energy
(What do you always have energy for) _____
4. How do you spend your money _____
5. Where are you most organized _____

6. Where are you most disciplined _____

7. What do you think about most
(that shows signs of manifesting) _____

8. What do you envision or visualize most
(that shows signs of manifesting) _____

9. What do you internally dialogue about most
(that shows signs of manifesting) _____

10. What do you externally dialogue about most
(i.e what do you love to talk about) _____

11. What do you set goals toward most
(that shows signs of manifesting) _____

12. What are you inspired by most _____

From what items you have written down above, pick out those which stand out to be the most important in your life and put them in the order of most important all the way down to what is least important.

Hierarchy of Values:

1st _____

2nd _____

3rd _____

4th _____

5th _____

6th _____

7th _____

Check to see if these selected values are also your greatest voids (what you think is most missing). Make sure they match up with your highest values. Remember your perceived voids give rise to your values. It

is wise to re-evaluate your hierarchy of values quarterly (every three months) and keep records of the evolution of your destinies along your life's journey. With every change in value comes an identity crisis and a refinement of direction.

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Seven Areas of Life: (spiritual, mental, vocational, physical, familial, social, financial)

Now go back and identify which area of life each of your selected values corresponds to. You may find that you are very focused in a few areas of life and put little energy into others. Whatever area of life you are not empowered in, someone else will overpower you.

My life demonstrates that the areas of life that are most important to me are:

My life demonstrates that the areas of life that are least important to me are:



Partnering with Caregivers

Becoming a Parent/Caregiver's External Regulator:

The therapist regulates the caregiver, so that the caregiver can regulate the child.

As the child is supported in the play therapy process, it is important that we also aim to work with the parents and caregivers as much as possible, recognizing that they are part of the dynamic that brings the child into therapy. As external regulators, we support the re-patterning of their nervous system activation while also supporting a shift in the way they view their child and themselves. As the parent/caregiver borrows our regulatory capacity, we offer the parent/caregiver a new template of possibility for how to connect with themselves and thus with their child.

1. The caregiver's symptoms are understood as expressions of the **activation of the autonomic nervous system**.
2. The caregiver projects his/her/their inner world onto the child and the therapist, setting them up to **experience his/her/their perception** of what it feels like to be him/her/them.
3. The therapist's ability to use **mindfulness to attune** to themselves and the caregiver is an essential component for co-regulation.
4. The therapist becomes the **external regulator** modeling and co-regulating the caregiver for integration and re-patterning of the activation of the autonomic nervous system.

5. The therapist's ability to be **congruent and authentic** in language and non-verbal signals allows the caregiver to feel safe in the relationship and engage in **reflective awareness**.
6. The therapist supports the caregiver in **integrating his/her/their perceptions** of the perceived challenging events and thoughts in his/her/their lives.
7. The therapist supports the caregiver in getting in touch with the caregiver's **authentic self**; who the caregiver truly is rather than who the caregiver thinks he/she/they should be.
8. The **therapist is the most important toy in the playroom**. In SPT, toys and language are not required.
9. The **synergy** between the therapist's authenticity, attunement, congruence, and nervous system regulation support the caregiver in learning how to **attach to self**, the cornerstone of all healing.

The Intake:

The Set Up/Offering begins at the first point of contact with the caregivers, which is often a phone call. Remember to get them in front of you as quickly as possible, so that they can borrow your nervous system. Get present and attune to the caregiver as you are stepping into the role of external regulator

Caregivers are coming into the intake typically anxious and worried that either they or their child will be judged. The SPT therapist understands the importance of making the “unknown known” and becoming their prefrontal cortex to help them begin to regulate through their experience.

- Suggest how the time together can be used, making sure to outline how much time each of you have for sharing
- Explain the SPT process. The use of visuals is often helpful as overwhelmed caregivers are limited in how much information they can auditorily process. It is helpful to discuss the process in a way that is meaningful to both right brain and left brain caregivers. The more you communicate in terms of what is meaningful to the caregiver, the higher the level of engagement.
- Make sure to set goals that are age appropriate, not all or none and have a clear understanding of what mastery of the goal will look like
- Talk about money
- Talk about caregiver involvement in the process- When will you meet? Will they be a part of sessions?
- Listen for signs that the child may be highly anxious and struggle separating from the caregiver- if this is the case, plan for the caregiver being in the first session and discuss
- Remember: Whatever structure and clarity you don't create at the beginning will likely becoming a stumbling block during the process
- Remember: The relationship is the priority, not the collection of information. You are there to help give them a felt sense of you and to begin to regulate them through their dysregulation

Caregiver Check-In:

The check-in is the opportunity for you to engage the caregiver in the process and to share what their child is working on in therapy.

- Refer to Tips for Talking to Caregivers handouts for ideas on how to talk about the sessions
- Make sure to link the play to the goal!
- Communicate in terms of what is most meaningful to the caregiver
- Remember, there is no such thing as a resistant caregiver. Only individuals who are being asked to do something that isn't aligned with their highest priorities or haven't made the connection between what you are saying and how it is meaningful to them. It is our responsibility to make the connection.

Working with Divorced Caregivers:

Boundaries and clear communication are the most important parts about navigating therapy with caregivers that are divorced/separated. Understanding if it is best for them to meet together or separate is important. If you need to meet separately,

- Discuss payment and how payment will be handled
- If the financial situation is complicated, create a “financial agreement” that both sign
- Discuss when and whom you will have check-ins with
- Discuss who will bring the child to sessions and when
- For information on dealing with the dynamics that can arise, listen to the Lessons from the Playroom Podcast #45: Dueling Parents: Managing High Conflict Divorce in Play Therapy and Podcast #98: How to Not Lose Yourself in High Conflict Divorce

Caregivers in the Playroom:

Once a caregiver becomes part of a session, the role of the SPT therapist becomes “coach”. The most important thing to understand is that the moment you have a caregiver join your play therapy sessions, you are now responsible for the regulation of three nervous systems—yours, the child’s, and the caregiver’s.

Reminder again: The therapist regulates the caregiver so that the caregiver can regulate the child.

- Do you know why the caregiver is in the session? Think of the decision to have the parents in the room as part of your treatment plan. If the parents need to be in there in order to accomplish the goal, then have them in there. If you don’t know why they are in there, then they probably don’t need to be in there.
- It is important to consider the following when deciding if the caregiver should be in a session:
 1. Do you know the caregivers’ trauma history?
 2. Does the caregiver want to be in the session? (Sometimes a resistant caregiver in the room can create a barrier, so the therapist needs to be willing to work with the resistance.)
 3. How wide is the caregiver’s window of tolerance for what the child is trying to integrate?
 4. How developed is the caregiver’s regulatory capacity?
 5. How emotionally available is the caregiver?
- If you know that a caregiver will be a part of sessions, it is important to do a “Training Session” to teach the caregiver what to expect, practice some of the skills and create more safety for the caregiver
- The parent sits on the floor next to you so that you can support the parent’s nervous system regulation.
- You become a coach.
- It is your responsibility to become the external regulator for both the parent and the child until the parent is able to fully take over.

SPT Caregiver Training Session:

The purpose of the training session is to 1)prepare the parent/caregiver for being an active participant in the session, 2)make “the unknown known” for the parent/caregiver, 3)establish your role as “coach” and co-regulator. When conducting a training session,

- Meet the parent where they are at (Ie. communicate in their values and at their level of understanding)
- Go slowly- teach/role play one concept at a time; don’t move ahead until the current concept is understood
- During role plays, the therapist models the reflections and regulation first before asking the parent/caregiver to try
- Empower the parent/caregiver! Celebrate their effort, understanding, etc!

Skills to practice with caregiver: *Remember to only move on when a caregiver understands the skill being practiced. As such, the caregiver training may take more than one session.

- Observational Statements
- Reflecting back the Set Up/Offering
- Practice regulating



Caregiver Fear Worksheet

Pretend that the child's caregiver asked you the following questions or did the following behaviors. Notice what reactions arise in your body- make note of any that activate dysregulation in your body. Notice if you want to be defensive, prove yourself, etc. or if you want to withdraw and shut down.

- Can you tell me about your background? Education? Experience?
- How long have you been doing therapy with children?
- How many clients have you worked with that (names a very specific struggle)?
- Do you do family therapy? How will I be involved?
- Can I be in the sessions?
- Do you have children?
- Raise their voice at you/towards you
- Become aggressive/posturing towards you
- Can you tell me about your style of therapy and how you approach therapy?
- How does "play therapy" work?
- Will you tell me everything that happens in the session? I want to know exactly what is happening,
- How do you know what you do won't re-traumatize my child?
- How long will therapy take?
- Will you go to court?
- Tell you, "This isn't working."
- Expect you to fix their child
- Put the child down in front of you

Make note of any other possible questions or situations that could trigger dysregulation in your body:

Notes:

Overcoming fears:

This adapted exercise can be found in Dr. John Demartini's book *Inspired Destiny* (2010, p. 139).

1. Consider what you're afraid of happening. For example, you might write, "I am afraid the caregiver will pull their child from therapy". Get as specific as possible- what is the fear really?
2. Now come up with 20 to 50 benefits that you'd experience if this were to happen. For example, "I can create room for another child on my caseload. It is an opportunity for me to review how to communicate with caregivers in terms of what is most important to them."

Other questions you can ask to help you discover the benefits are:

- "How does this fear coming true support my highest values and the 7 areas of my life?"
 - "How does this fear coming true serve me, teach me, help me, and support my growth?"
 - "How does this fear coming true help my clients and support their growth?"
 - What will I get to do as a result of this fear coming true? What won't I have to do anymore?
3. Write down 20 to 50 drawbacks if the thing you fear doesn't happen. For example, "I wouldn't have the chance to review my skills and grow my communication skills to the next level. I wouldn't be forced to learn how to regulate, allowing me to stay present in the midst of the caregiver's intensity."

Other questions you can ask to help you discover the drawbacks are:

- "How would this fear not coming be a disservice to my highest values and the 7 areas of my life?"
- "How would this fear not coming true be a drawback to me and my growth?"
- "How would this fear not coming true be a drawback to my client and their growth?"
- What wouldn't I get to experience?



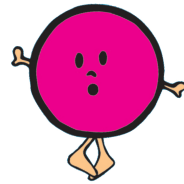
Synergetic Play Therapy® Tenets

1. The child's symptoms are understood as expressions of the **activation of the autonomic nervous system**.
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5. The therapist's ability to be **congruent and authentic** in language and non-verbal signals allows the child to feel safe in the relationship and engage in **reflective awareness**.
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INTEROCEPTION: THE EIGHTH SENSORY SYSTEM

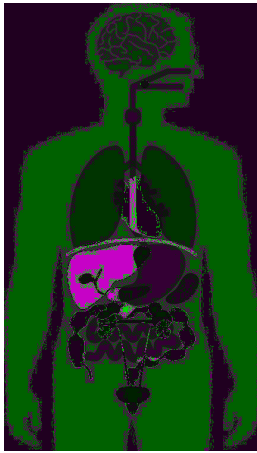
Sit back and close your eyes. What do you *feel* inside your body?

- Is your heart beating fast or slow?
- Are you breathing deeply or shallowly?
- Do you have to go to the bathroom?
- Are your muscles tense or loose?
- How does your stomach feel?



Most of us are able to *feel* all of these sensations with the help of our little-known, but very important, eighth sensory system, Interoception.

How does the interoceptive system work? There are little receptors located throughout the inside of the body, in areas such as the stomach, heart, intestines, genitals, muscles, skin, bones and even eyes. These receptors gather information from the inside of our body and send it to brain. The brain then uses this information to figure out how we feel. Interoception enables us to feel conditions such as hunger, fullness, itch, pain, body temperature, nausea, need for the bathroom, tickle, physical exertion and sexual arousal. Additionally, interoception allows us to feel all of our emotions.

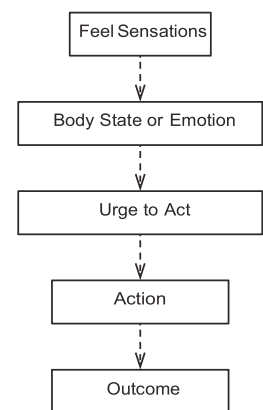


How is interoception connected to our emotions? Typically, each emotion feels differently in the body. For example, before speaking in public, your body may *feel* a certain way: your heart may race, your muscles may feel tense and shaky, your breathing may become shallow, and your stomach may feel fluttery. These sensations let you know that you are feeling a bit nervous. You are able to notice these sensations all because of interoception—therefore interoception is clearly connected with our emotions. Without clearly feeling internal sensations, it can make figuring out emotions difficult, thus leading to challenges in identifying and controlling exactly what you are feeling.

How is interoception connected to self-regulation? When our interoceptive system is working at it's best, the sensations alert us that something is not quite right and motivates us to take action, to do something that will restore our body's internal balance and help us feel more comfortable. For example, if we feel thirsty – we are urged to get a drink; if we feel full – we are urged to stop eating; if we feel cold – we are urged to get a sweater; if we feel the need to urinate – we are urged to go to the bathroom; if we feel anxious – we are urged to seek comfort; if we feel frustrated—we are urged to seek help. Interoception underlies our urge for action. If we are able to clearly *notice* our internal sensations, we are motivated to act, to seek immediate relief from the discomfort caused by the imbalance. Actively seeking this relief is called self-regulation and it is completely dependent on our interoceptive sense.

Is interoception important to any other areas? In addition to self-regulation, interoception is clearly linked to many other important skill areas including:

- Self-Awareness
- Problem Solving
- Perspective Taking
- Flexible Thinking
- Intuitive Social Skills
- Overall Health & Well-Being



The research showing just how important interoception is to many aspects of life is unequivocal. The brand-new book *Interoception: The Eighth Sensory System Practical Solutions for Improving Self-Regulation, Self-Awareness and Social Understanding of Individuals With Autism Spectrum and Related Disorders* (Mahler, 2015, aapcpublishing.net) delivers an overview of this research and describes the clear link between Interoception and these important skill areas.



Types of Reflections in Synergetic Play Therapy

All reflections are authentic congruent statements in response to The Set Up/Offering in the child's initiated play and stories. It is important to use a variety of reflections with an emphasis on the use of Observational Statements. It is also important to use a variety of reflections to promote regulation and integration in the child's brain as the child works through their challenging thoughts, feelings and sensations. Attunement is required for all reflections to have a regulatory effect.

Observational Based - Helps the child become aware of what they are doing while promoting a sense of "I am with you and tracking you".

- Statements that are just the facts (the "obvious")
 - Examples: "The car is crashing into the house." "Superman and Batman are fighting each other."
- "You" Statements (In Synergetic Play Therapy, the therapist refrains from statements telling the child how they feel such as "You are angry", unless it is obvious.)
 - Examples: "You are working so hard to get that open." "You really want to keep the castle safe."

Body Based - Helps the child become mindfully aware of what is happening in their own body.

- Describe what is happening in your body
 - Use sound, breath, and movement when needed for regulation
 - Examples: "There is a swirly feeling in my stomach." "It is hard to take a deep breath."
- Have an embodied/congruent response
 - Doesn't require words
 - Examples: Embodying the experience of sadness. Tapping on heart with hand.

Limbic Based - Helps the child feel "felt" and "understood" by the therapist. Also helps the child become curious about their own feelings.

- Describe your own feelings
 - Examples: "I feel scared." "I don't know how to feel right now when I watch them fight."

Cortex Based - Helps the child become curious about what is happening in their own minds.

- Describe your mental faculty
 - Examples: "My brain feels foggy." "My attention keeps wandering and I have to keep bringing it back."

Relational Based - Helps the child become aware of what is happening in the relationship itself.

- Describe what is happening relationally between you and the client
 - Examples: "You are over there and I am over here." "We are drawing together."



Mirror Neuron System in SPT

Paraphrasing from Daniel Siegel's "The Developing Mind" and "Pocket Guide to Interpersonal Neurobiology"

- Mirror Neuron System was discovered at end of last millennium
- A set of neurons was found that activates when a purposeful action is taken or when the same type of action is perceived. Only respond to acts with intention- revealing that the brain makes neural maps of other's actions that symbolize their intentions. Since intention is part of the mind of other, the research now shows that the brain makes an image of the mind of another, even before it can form words.

Steps in the Mirror Neuron System:

- 1.
- 2.
- 3.
- 4.

Somatic Maps: We take in what we see expressed, mostly from nonverbals, and then drive that perception down in the subcortical regions where we change our bodily state, our brainstem activation, and our limbic firing. These subcortical shifts are then sent back upward, through the insula in the middle prefrontal cortex with which we can become aware of our internal states through a representation of the body's state called a somatic map.

Observation Notes:

The Neurobiology of “We”:

- How do we know who is who? Are these feelings mine or yours?
- “We is a part of me”

Draw picture:

Experiential Notes:

Mirror neurons are also part of a larger resonance circuit that enables us to feel another's feelings and not get lost in their internal states. We can resonate and not become fused and that person can feel felt by us. We can't do this without integration- we will get lost in our experience of other, lose ourselves.

Interoception is the key to self awareness. Applying various mindful awareness practices to support the activation of the growth of the insula as part of the resonance circuit can be a direct way to increase the capacity to become part of a we without becoming lost as a me. This means learning to be open to whatever arises in our sensory world- not only do we have to become aware of the incoming stream of signals from the outer world, but you have to become open to the signals of our internal world, which ground us in ourselves (interoception)

Mirror neurons can be thought of as sponge neurons because they help us sponge up the feelings of other – not to literally mirror them back and become an identical reflection. Resonance involves connection, not fusion.