

# **Cross-Neurotype Relationships and Co-Regulation**

## ***Understanding the Embodied Double Empathy Problem***

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## In the presentation, we will discuss:

The Embodied Double Empathy Problem (EDEP)

Cross neurotype relationships and sensory, social, and processing differences

The importance of co-regulation

Practical suggestions to centre a regulation and relational approach to improve care quality

# Check – Need - Adjust



Temperature



Use the toilet



Hydrate



Move



Stand

# The Embodied Double Empathy Problem (EDEP)

Cross neurotype relationships and sensory, social, and processing differences

## What are Neurotypes?

“ A neurotype refers to the type of neurocognitive make-up of a person, the variety of different ways that brains can be ‘wired’, which impacts how individuals think, interpret, behave and respond.

Neurotypical and Neurodivergent are both neurotypes.

# Neurodivergent

“ Neurodivergence describes the existence or mind-body experience of being Neurodivergent. It is a broad term and encompasses the state of being of anyone whose neurocognitive function differs from societal standards of neurotypical.

Neurodivergent individuals may have sensitive nervous systems, as well as sensory, social and information processing differences.

e.g. those who are Autistic, ADHD, Dyspraxia or Dyscalculic.

# Neurotypical

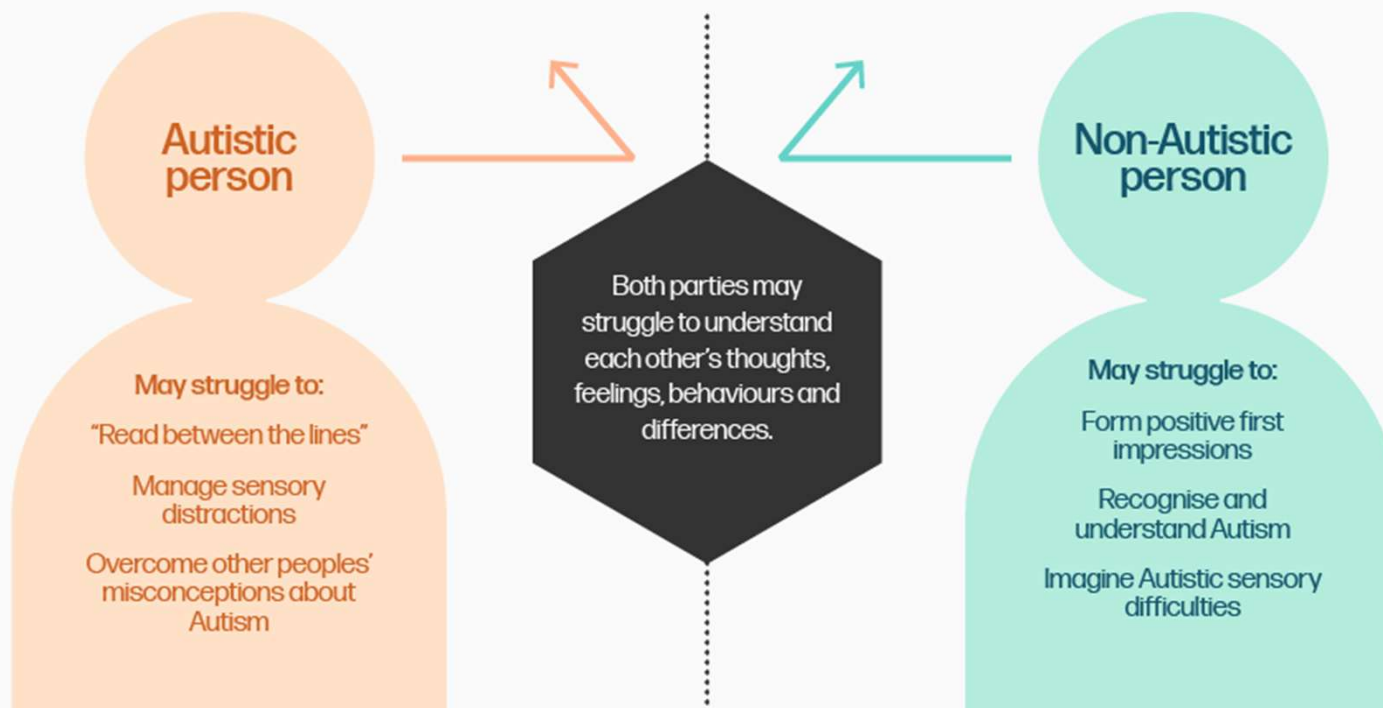
“ Neurotypical is a label that can be applied to a person whose neurotype can be described as ‘typical’ and benefits from the working norms and ways the dominant majority of society operates.

# Neurodiversity

“ Neurodiversity describes the collective neurology of everyone, of all neurotypes. Neurodiversity rejects the medical model of disability and is the concept that everyone is part of an infinitely varied diversity of neurocognitive functioning.

Asserts that there is difference and variation, not abnormality, disorder, deficit or dysfunction.

# What is the Double Empathy Problem?



## What is the Embodied Double Empathy Problem (EDEP)?

Goes beyond language, includes sensory and nervous-system experience

How we perceive, process, and respond shapes relational connections

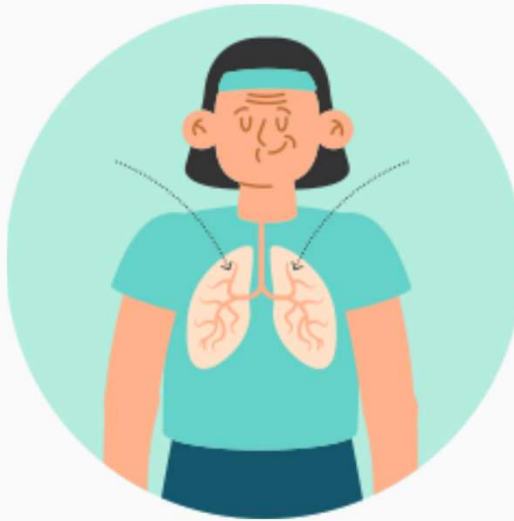
Mutual regulation depends on attunement, not sameness



# Connecting to our Bodies



**Anchor**



**Breathe**



**Connect**

# The Importance of Co-Regulation

Through the lens of the EDEP

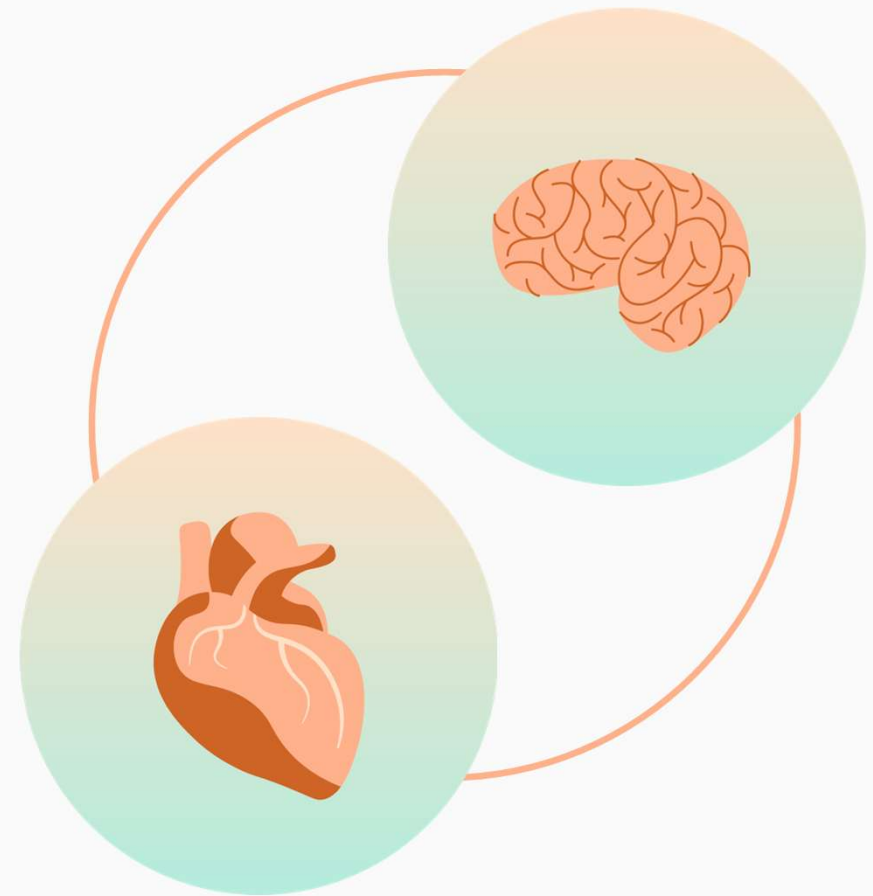
# Co-regulation

**Bodymind Communication:** Understanding is conveyed through various embodied, non-verbal cues, such as physiological responses, tone, pace, sound, space, rhythm, movement, and gesture, in addition to words.

**Embodied Double Empathy Problem:** occurs when different bodymind profiles respond differently at a nervous system and embodiment level to the same environment or stimulus, resulting in a misunderstanding of embodied experience.

**Embodied Empathy:** involves a felt resonance and understanding of someone else's embodied experience, rather than merely taking another's perspective.

**Co-Regulation and Relational Safety:** refers to the shared regulation that occurs between individuals. This happens as a limbic resonance. For a genuine connection to occur, it is essential to ensure mutual nervous-system and felt-sense safety.



## Co-Regulation and Relational Safety

“ Co-regulation: shared regulation through trust and presence (a ‘limbic resonance’)

Requires awareness of own and another person’s embodied landscape (sensory, emotional, nervous system state)

Aim: felt-safety, not compliance or conformity

# What We See in Mental-Health Services

**Services often prioritise ‘top-down’ verbal, cognitive, or behavioural models and approaches that overlook the embodied dimension.**

**Common issues:**

Misreading Autistic embodied cues (e.g., withdrawal = lack of empathy or interest)

Environments that dysregulate Autistic nervous systems (lighting, sound, unpredictability)

Lack of co-regulation or relational safety between staff and service-users

**Consequences:**

Escalation of distress, distress cycles, “non-engagement” & “challenging behaviour” labels, misdiagnosis, and pathologising distress expressions.

Embodied DEP helps explain why systemic empathy gaps persist even in well-intentioned services.

# Practical Suggestions

To centre a regulation and relational approach to improve care quality

## Barriers to embodiment?

“ What are the blocks to embodiment in services?

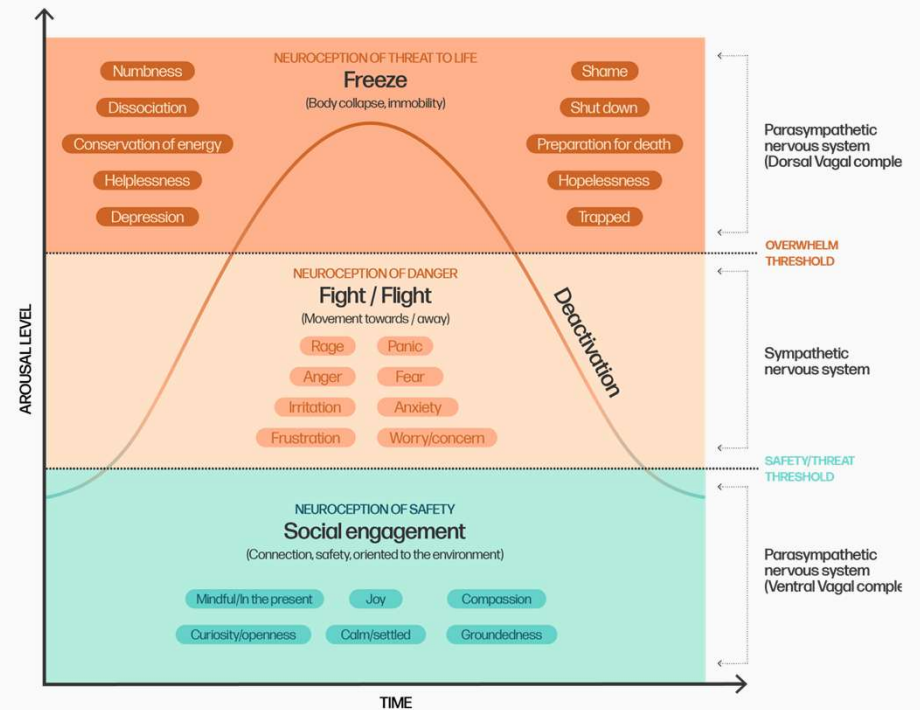
What stops us from being in and with our bodies?

What are the blocks to embodied empathy?

## Recognise the system is in ‘survival’ mode, and that this impacts the quality of care

We recognise that most people have been doing the best they can in services and a societal structure which is inherently dysregulated and disembodied, which overrides and pushes all of us, patients and staff alike, out of our window of tolerance.

**Acknowledging this can create a connection and a bridge of empathy, built out of this shared experience.**



# Towards Regulation and Relational Embodied Approaches

Bring services and staff out of ‘survival’.

Sensory-aware environments.

Slowing down interactions; respecting processing time.

Staff training on nervous-system awareness and co-regulation.

Use of movement, creative, and body-based communication tools.

Shift from external observation and “understanding Autism” to mutual (co)regulation and relational attunement.

SPACE Workbook as an alternative tool.

Encourage interdisciplinary approaches – psychology, occupational therapy, trauma-informed care.

Model humility: recognise that both practitioner and client bring valid embodied realities.

1

**Reframe stress responses, distress expressions and dysregulation as communication of unmet bodymind needs.**

2

**Invite everyone to consider: What does empathy feel like, not just look and sound like?**

# Embodied Co-regulation Relational Practice

Pause and check in with your own body

Recognise the support you might need

Listen with the whole body, not just the ears

Regulation and understanding happen through presence

Safety is co-created moment by moment

Share power 'be with' not 'doing to'



How do I check for ongoing consent and understanding?

Am I attuned to embodied signals of distress or safety in myself and the other?

Do I make space for co-regulation rather than compliance?

## Cross-Neurotype Connection is an Ongoing Conversation


“ Continue exploring sensory, embodied, and relational mutual understanding to bridge the embodied double empathy problem  
Practice with curiosity, compassion, and consent.


## Closing Reflection

“ Regulation is not a mind-based strategy that can be taught — it’s felt, witnessed, co-created and shared.

What will you take forward into your practice?

# Thank you

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