



**PATRICK TOMLINSON ASSOCIATES
DEVELOPING PEOPLE AND ORGANIZATIONS**

**7 ARTICLES ON INTEGRATION: FROM NEURAL PATHWAYS TO SOCIAL SYSTEMS
PATRICK TOMLINSON (2015 - 2026)**

INTRODUCTION

In 1985, I began work at the Cotswold Community, a residential therapeutic community in England. Often, the boys had suffered serious disruption to their development because of trauma and other adversities. The first concept I learned there was connected to child development. The primary task of the community was to enable emotionally 'unintegrated' boys to develop and achieve emotional integration.

The concept was derived from the work of Donald Winnicott (1945, 1962, 1963), a child psychoanalyst and pediatrician. I soon realized that the concept was more widely relevant. For example, the adults working therapeutically with the children also often went through a process of integration (Bettleheim, 1966, 1974), sometimes experiencing disintegration along the way. To provide an environment that can help heal unintegration, the organization must also integrate its functions and purpose.

In recent years, integration has become a central concept within Neuroscience. Dan Siegel (2006), professor of psychiatry, says it is at the "Heart of Well-being". It is relevant to child development, recovery from trauma, therapeutic work, leadership, management, organizational culture, creativity and growth, communities, and society. I have put these articles together to provide focus on the vital and far-reaching importance of integration.

Since writing about integration, I have reflected on how it has become so central to my work. On the one hand, I stumbled across the job at Cotswold Community, which was my first since leaving Loughborough University with a Bachelor of Science Degree in social administration. I studied there from 1981 to 1984.

I discovered, forty years later, that the School of Social Sciences and Humanities at Loughborough was pioneering in the development of interdisciplinary courses. We studied social psychology, policy, economics, sociology, criminology, and social history. At the time, I found the approach interesting, but I had no real sense of how it was different. It was just the degree I happened to be studying, to some extent also by accident.

The way the subjects were integrated was unique and against the single academic discipline traditions. The approach to teaching and the research that took place alongside it had a national and global impact. Each of the academic disciplines was high-quality, but it was the quality of interdisciplinary integration that made the difference. It fostered a comprehensive understanding of social issues, addressing complex societal challenges through diverse perspectives.

Looking back, I can see how the idea of integration has not only been shaped by my early experience working in a therapeutic community but also reflects the interdisciplinary ethos of my education at Loughborough University. The seven articles that follow explore how integration unfolds at every human level, from neural networks to social systems.

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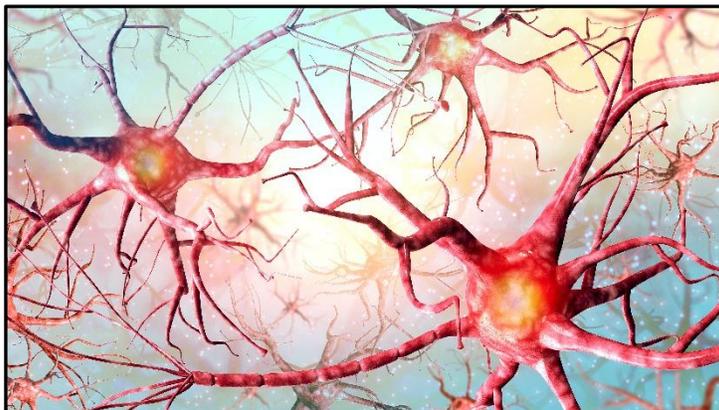
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INTEGRATION AND CONNECTION IN WELL-BEING AND RECOVERY FROM TRAUMA
PATRICK TOMLINSON (2015)



“The central idea of interpersonal neurobiology is that integration is at the heart of well-being”. (Dan Siegel, 2006)

I am going to explore the relationship between integration and human connection. The relationship is critical to health and well-being. This is the case in ordinary human development and the recovery from developmental disturbances, such as those caused by trauma in childhood. Siegel and Solomon (2003) state that effective trauma therapy involves the facilitation of neural integration.

Before I begin, I think it is worth saying that the term recovery might not be the most helpful. In the sense I use it, recovery is about Integration. Kraybill (2015) prefers the term Trauma Integration,

I share the view of trauma scholar Robert Stolorow that trauma recovery is an oxymoron. (Stolorow, 2011. p. 61). Things are never really the same after trauma. So, what then to name the place that can be achieved, where trauma is no longer the centre of experience and yet is acknowledged to be a part of ongoing reality? I call it Trauma Integration.

Trauma integration is not once-and-done, nor is it linear. It is ongoing and sometimes cyclic. If that sounds discouraging, the good news is that movement begets more movement. Achieving a sense of integration – even just once, for just a short while - establishes the possibility of breaking the script of old responses and opens the door to more new responses. Gradually, experience with new, integrated responses accumulates, and the rewards are felt, emotionally, cognitively, physically, and spiritually.

At the beginning of my career in 1985, the first concept I learnt about was that of ‘Integration’. The use of the term was from Donald Winnicott, the child psychoanalyst and pediatrician who described integration as a central part of child development. According to Winnicott (1962), an infant is born ‘unintegrated’. Through the process of the infant’s fragmented experiences being

held together by the 'good enough' parent, he achieves integration and a distinct sense of being a whole person. This normally happens by the end of the first year or so.

Since then, I have found the concept of integration to be helpful in many ways: to work with traumatized children; to the way organizations are run; to the way different services, professionals, and other stakeholders work together; and to the way society functions. Winnicott (1945) first wrote about integration over 70 years ago, and now Dan Siegel (psychiatrist and pediatrician) uses the term from a neurobiological perspective. The concepts of Winnicott and Siegel may differ, but both put integration at the centre of development and well-being. The essence is similar.

Child development is centred on the integration of emotional and physical aspects of relating. For this to be achieved, the primary caregiver must be reasonably integrated as a person, but also connected within a wider environment. Ideally, there are positive connections with a partner, family, and community. These connections provide the holding environment within which the caregiver and infant connect physically and emotionally.

A healthy person is an integrated person. If we think of the developing brain, we can think of neurons connecting and forming integrated neural pathways. We can think of different parts of the brain, connecting and functioning together in an integrated way. We can think of mind-body integration. Integration of our senses with our mind and conscious awareness. Integration with the world around us. From the beginning of life, integration is interwoven with attachment. Referring to the importance of attachment concerning the process of integration, Stien and Kendall (2004, p.7) state,

Moreover, it has received influential support in the last two decades from neurobiological research, which has found that secure attachments produce a growth-facilitating environment that builds neuronal connections and integrates brain systems.

What enables an infant's mind, body, and brain to develop is the connection with others. Throughout our lives, development takes place within a relational context. As Bessel van der Kolk (2014, p.110) says,

Most of our energy is devoted to connecting with others.....We are profoundly social creatures; our lives consist of finding our place within the community of human beings.

During infancy, the attunement and emotional regulation of the caregiver are central to the developmental process. Mirror neurons in the caregiver and infant connect with the details of each other's feelings and behaviour. The infant's neurons fire, connect, and become wired. This connection and being 'in tune' with the other is called attunement. Just as attunement facilitates development, a chronic lack of attunement prevents connections from developing and disconnects those that have. Neuroscience has confirmed how vital attunement is to this process. Bessel van der Kolk (p.113) states that "Donald Winnicott is the

father of modern studies of attunement". This significant and integrative statement helpfully connects the fields of psychoanalysis and neuroscience, and the past with the present.

It could be said that human connection is the glue that enables integration to take place. Different parts become integrated through connection. For example, a person with an integrated sense of their identity can connect the different parts of their life. An integrated and coherent autobiographical narrative is an important indicator of mental health. Such a narrative is one where the parts are connected. Like a story with a beginning, middle, and end, the different parts are joined together coherently.

It is important to say that this joining together and becoming integrated does not mean becoming merged without a sense of differentiation. Though connection during unintegration (early infancy) may feel like being merged. For example, one infant in a group cries, and within seconds, they are all crying! But as integration develops, there is a growing connection alongside a growing sense of differentiation and separateness.

Winnicott (1963) described the infant moving out of an initial primary merger with the mother, towards integration and separateness. The infant moves from absolute dependence towards independence. Dan Siegel (2012) also talks about integration as being differentiated but linked. He makes the important point that integration does not mean blended. Separation and differentiation are central to the process of becoming integrated. Healthy relationships are connected and separate at the same time. Siegel (2012) sums up the importance of this very well,

...a summary of the entire field of attachment in one sentence, secure attachment is based on integrative communication, honouring differences, promoting linkages.

Trauma and Recovery

Where there is a lack of connection during infancy, development is disrupted. As a result, the infant might not reach the developmental stage of integration. He could be described as unintegrated, fragmented, or unconnected. The unintegrated traumatized brain is not functioning as a connected whole. Parts are fragmented, split off, shut down, not developed, dissociated, etc. Dissociation, which is a central feature of trauma, literally disconnects a person from himself and the world around him. The disconnection is a form of protection, and it usually happens in terrifying situations from which there is no physical escape. As well as being disconnected from others, traumatized people are often disconnected from their bodies. The body is a source of pain rather than pleasure. It let the person down by not aiding his escape from trauma. Therefore, the body may be felt to be useless or a source of shame (van der Kolk, 2014).

Among many negative impacts on the brain-body system, trauma interferes with the integration of left and right hemisphere brain functioning. Rational thought cannot be accessed in the face of overwhelming emotion. Emotional and social disconnection can begin a spiral that leads to further isolation and alienation. On the other hand, emotional and relational

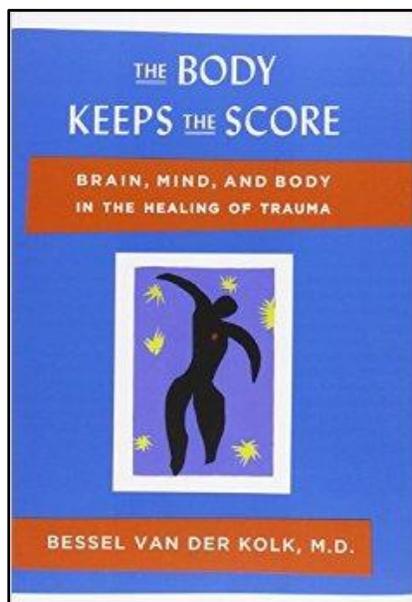
connection creates a positive spiral. It leads to the conditions that bring about more connections.

An unintegrated person can't disintegrate because there is nothing to disintegrate from. In the same way, an unconnected person cannot become disconnected. However, an integrated person can disintegrate, and a connected person can disconnect. An unintegrated and disintegrating person can appear similar, but is quite different in terms of what is needed for recovery.

If a person is traumatized, it is important to determine the point at which recovery must begin. For example, is it necessary to build connections for the first time or to heal those that have been broken? The answer can be reached through an assessment and understanding of attachment relationships and developmental milestones. Dockar-Drysdale (1990) has referred to this as "returning to the point of failure", or, as the Psychoanalyst, Adam Phillips (1988, p.17) says, it is a

...return to the point at which the environment failed the child. He returns to find where what he hasn't got came from, to the gaps in himself.

Bruce Perry (2008) also talks about the need for developmentally appropriate experiences in his Neurosequential model. The brain develops in a hierarchical manner and in sequence. The provision of appropriate developmental experiences is therefore vital to the recovery process.



Regardless of the person's stage of development, the reality of trauma also means that the traumatic experience is not integrated into the personality. The trauma is disconnected from consciousness but remains present through disturbing and frightening physical sensations, flashbacks, and nightmares. One of the aims of treatment is to enable connections to be made between these sensations and the events they are related to.

"Individuals who lack emotional awareness are able, with practice, to connect their physical sensations to psychological events. Then they can slowly reconnect with themselves." (Van der Kolk, 2014, p.101).

The building of connections is central to recovery. This work can be considered on different levels: the individual's connection with himself, his own body, his thoughts, sensations, and emotions (Dr. Caroline Leaf and others have referred to this as the integration of head, heart, and gut); his connection with others and the world around him; connections between the different parts of his history and identity.

I am highlighting the importance of connection, though the complexity of this work cannot be done justice here. Before connections can be achieved, safety must be established. Only when the disconnected or unconnected person begins to feel safe will he be able to take the risks involved in connecting. Once the process of connecting begins, the person is moving towards integration. The foundations of well-being are safety, connection, and integration.

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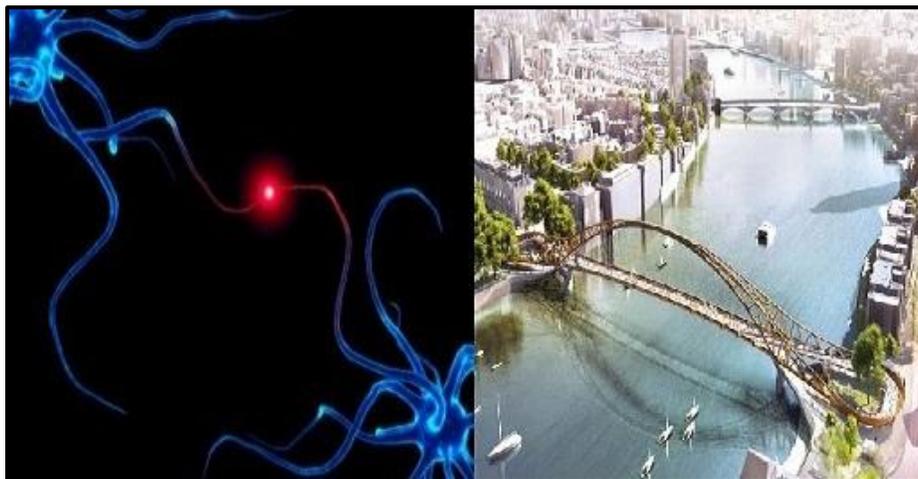
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**INTEGRATING AND CONNECTING - THE ESSENCE OF TRAUMA RECOVERY ENVIRONMENTS
PATRICK TOMLINSON (2015)**



We as therapists are not really "shrinks"; we are "integrators". – Nelson et al. (2014, p.140)

In the previous two parts, I have discussed: the concept of integration in child development; the need to integrate management and therapy; how integration as a concept spans over 70 years from the psychoanalytic tradition of Donald Winnicott to the neuroscience perspective of Daniel Siegel, among others; and how connection is central to integration and our well-being. This part will consider the need for integrated and connected systems and environments for trauma recovery.

If neural integration is, as Siegel (2006) says, ‘... at the heart of well-being’ and trauma disrupts healthy development, then recovery is about completing the process of integration. A person or any living system that is integrated is one where the different parts work together functionally. For individuals, there is mind-body and sensory integration. There is an effective balance where emotion and reason complement each other. The same analogy can be applied to social groups, such as families, teams, communities, and societies.

For children who are traumatized during the first year or so of life, integration may never have been achieved. For others who had healthier early development, the task may be about repairing disintegration brought about by trauma. Children who have suffered complex trauma need a healing approach that includes all aspects of their daily life. This is a total environment, whole systems model. The same principle may also be relevant to many seriously traumatized adults. This is especially true when the trauma(s) took place in environments where disconnection, conflict, and dysfunction were predominant. As Farragher and Yanosy (2005, p.100) said,

Recovery from injuries perpetrated in a social context must occur in a social context. These centres, responsible for healing, must become therapeutic communities where

recovering is more important than control, and compassion and empathy drive out fear and coercion.

Recovery aims to create connections that can be personally integrated. Connections can be thought of concerning oneself, between internal and external worlds, in relationships with others, and in the wider community. The level of connection that traumatized children need means that those who are involved in the therapeutic work must be highly attuned. Emotional attunement is receptive to connection and creates secure attachment. Referring to the plasticity of the brain, Nelson et al. (2014, p.140) state,

Given that the prefrontal cortex remains plastic throughout life (Davidson and Begley, 2012), the fundamental element in therapeutic efficacy is that therapist and patient successfully work together to create an integrated form of communication, which we propose is the essential experience that stimulates neuronal activation and growth of integrative regions of the brain.

The mirror neurons of a baby will begin to connect with an attuned caregiver from birth. The primary carer-infant relationship is of central importance, as is the network of connections surrounding it. In the healing of trauma, just as in ordinary development, it takes a village to raise a child. Or as Perry and Szalavitz (2006, p.231) said,

What maltreated and traumatized children most need is a healthy community to buffer the pain, distress and loss caused by their earlier trauma. What works to heal them is anything that increases the number and quality of a child's relationships.

Networks of connections provide a potentially stronger level of support and emotional containment. This powerful network is then internalized and integrated by the child as part of his internal model. A good support network is the single strongest protection against becoming traumatized (van der Kolk, 2014, p.210). The architecture of the brain comes to represent the architecture of the social environment.

Secure attachment promotes neuronal connections, helping to strengthen and integrate key brain structures (Stien and Kendall, 2004, p.8).

I was fortunate in 1985, at the beginning of my career, to find myself working in a therapeutic community where integration was the central focus of the work. Our task was specifically stated: to enable emotionally unintegrated children to achieve integration. John Whitwell (1989), who was the Principal of the Community when I arrived, clarifies what this meant,

The therapeutic task, therefore, is to provide the conditions within which the boy can begin to form an ego-boundary and become capable of managing his internal world in relation to his environment. At a minimum, he should acquire: the skills needed for some degree of independence; some ability to recognise choices and make decisions; and some

capacity to manage transactions with other people in his environment (Eric Miller and Richard Balbernie).

The community's approach was also strongly based on the belief that the way the whole organization functioned was key to the children's development. All relationships and roles in the community were considered part of the healing environment. The role of the maintenance staff and domestic assistants was considered equally alongside the work of teachers, care workers, and therapists. This is a key feature of trauma-informed environments. Everyone's role is important and therefore needs to be integrated into the whole system.

Einstein's view that 'example isn't another way to teach it is the only way to teach', provides a good principle for how we approach the task. If integration is the aim of trauma recovery, then we must practice integration in every aspect of our work. To begin with, the adults who are working with such complex children and young people need to have a robust level of personal integration and resilience.

The team working with the child needs to be integrated and coherent. Different disciplines need to work together rather than compete. The whole organization - leadership, management, care, education, and therapy must work together. The relationships with other stakeholders, such as referring agencies, families, local government, and the community, also need to be integrated. Achieving all of this is a daunting task, not least because traumatized people tend to create further disintegration and disconnection rather than integration and connection. Just as with experience, Integration is never a fixed destination; it is always work in progress.

A lot of the work to do with integration is about making and sustaining positive connections. Connections with the children, with ourselves and our histories, with our colleagues, with external agencies, and with the local community. To help think about these different levels of integration, I will return to the work of Andrew Mawson. He is a social entrepreneur involved in the regeneration of communities in the East End of London. As well as being a social entrepreneur, it could be argued that Mawson is an integrator and connector. For example, in Bromley-by-Bow, he integrated health and social issues. The Bromley-by-Bow medical centre became a place where people didn't just go to see a doctor, but to join groups and meet. Neighbors from different ethnic groups began to talk to each other, sometimes for the first time in decades. Elderly patients joined art classes and other social groups. As people became connected, the community began to develop and lift itself out of decade's long decline, deprivation, and depression.

When the 2012 Olympics were awarded to Britain, money was invested in developing a water city in London. After the docks and associated industries had closed, the old river and canal system of London, which used to be the lifeblood of the community, had become unused and derelict. Ironically, the once vital water system had now become a barrier that kept communities apart and isolated. Eric Reynolds, Founding Director of Urban Space Development, talking of the water city project, says,

A key part of what we've still got to do is create a sense of connection. Again, if you go up this wonderful river westward, you will find bridge after bridge, after bridge, after bridge, after bridge... If you put a road in, there is a tendency for stuff to happen. Now London has expanded because of those lifelines.

Andrew Mawson continues,



“If you join the dots, that is a new city. And if you connect science and technology in an integrated way into that, that’s a very exciting opportunity for jobs and skills for people of East London over the next 25 years... The story is about recognizing these development nodes and understanding that if you fly into City Airport and look down from an airplane, all you will see is water. And you will see the six and a half miles of waterways that connect the royal docks to all these development nodes.”

A personal connection in this for me is that while I was working in a therapeutic service for traumatized children, I also spent an inspiring few days in Bromley-by-Bow. I am struck by the parallel of the importance of connection and integration on both the micro and macro levels. It is central to the micro-level of individual recovery from trauma and to the macro-level of community regeneration. It is also interesting that the language of social entrepreneurship and neuroscience meet. Both the individual and the community are ‘plastic’, i.e., capable of recovery and growth, however difficult and traumatic their histories. Just as neural pathways develop in the brain and build a network of connections, the building of bridges in the water city symbolizes a pathway to new growth.

Talking about the brain, Nelson et al. (2014, p.132) state that, “Integration enables the coordination and balance of different regions within a system”. The same principle can be applied to other systems such as family, community, and organization. In working with traumatized children, both the micro and macro levels are important, but it is when there is a synergy between them that there is the greatest potential for recovery. For a child, this synergy would be like having a safe and attuned relationship with a primary carer, within a healthy partnership between parents, within a caring extended family, and within a safe and thriving community.

A significant part of my work in recent years has been in developing therapeutic models in residential and foster care for traumatized children. Strong models are ones where everyone, whatever their role, is involved in the process of integration and connection. For example, a therapist or carer might be doing what Siegel recommends – working to improve the integrative functioning of a child’s prefrontal neocortex. While the task of the organization leader might be about building integrative connections inside and outside of the organization.

One of the main satisfactions for me in my work is in helping organizations create models that integrate different perspectives in a culturally sensitive way. In 2011, I co-authored a book with the Lighthouse Foundation, who work with homeless young people in Melbourne, Australia. A review by Thoburn and Ainsworth (2015, p.45) said,

In Australia, the most clearly articulated model of Therapeutic Residential Care is that offered by the Lighthouse Foundation (Ainsworth 2012; Barton, Gonzales and Tomlinson, 2012) that owes much to the Cotswold Community in the UK.

Before I began working with Lighthouse, they had already integrated into their model some of the Cotswold Community's therapeutic approach, where I started my career in 1985. This is an excellent example of how different perspectives from different times and cultures can be successfully integrated. Another review of the book (Steckley, 2013) said,

From the introduction through the final appendices, I was struck by the constant and integrated presence of thinking, feeling, and reflection as integral to meeting the needs of young people, whether at an individual or organizational level...This book offers vision and motivation to those with the requisite courage to work towards a more humane system of care for children and young people.....Elements of neurobiological and social ecological theories of development, the Sanctuary Model, organizational psychology, systems theory, and even anthropology are also well integrated and usefully applied at relevant points throughout the book.

The very process of creating therapeutic models, if they are to be of any use to traumatized children who need to become integrated and connected, also needs to be one of integration. My first three parts on integration have moved from the micro-level of the individual brain to the macro-level of leadership, organizations, and society. While this might seem a little awkward, I think it is essential. We can't consider the individual as an isolate. We are all part of a wider system. Well-being is about the integration of the individual, relational, and collective levels (Prilleltensky, 2006).

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INTEGRATION IN LEADERSHIP AND MANAGEMENT PATRICK TOMLINSON (2015)



Those organizations that pay attention to the need for integration, which is far more difficult than getting one part rather than the whole to work well, are likely to become the most effective type of organization (Tomlinson, 2015).

During the years of my work with traumatized children, I have moved between practitioner, manager, and leadership-based roles - moving back and forth between the two. Sometimes I wonder which camp I am in, but I have realized that I am clearly in the one that is about joining the two together. This ties in with another lesson from many years ago. For a therapeutic service to be effective, management and therapy need to be integrated successfully. Good management is necessary for therapy to take place, and sometimes good

management is therapeutic. The same could be said about any kind of practice in the human services. It can only be truly effective in a well-managed context.

I am sure many of us are familiar with the dynamic of management and therapy being at odds with one another. The same with business and care, and leadership and management. For example, in one organization, the Executive Director felt frustrated with therapists who would often say that they needed 'space' rather than make time to listen to his emerging visionary ideas. And I am sure the therapists felt frustrated that his grand ideas didn't help much with the immediate realities of their work.

Vision is crucial to creating an inspiring and important mission. So is doing the job at hand, however mundane or unpleasant it may seem. It is the integration of the two that is critical. I had a vision when I joined a therapeutic community for traumatized boys, of doing 'therapeutic work', which would help them to get better. I wondered during the first few weeks why much of my work evolved around cleaning toilets, being shouted at and spat at, and looking for 'missing' boys in the surrounding countryside. It took a while to fully understand that this was part of the therapeutic work necessary for the vision to be achieved. Thankfully, those 'in charge' knew this very well, as well as what was needed to support the task at hand. The vision was grounded.

An important question is why 'splits' such as those described above tend to occur. One answer put forward is based on the concept of social systems developing as a defence against anxiety (Menzies Lyth, 1959, 1961, 1970). To briefly explain, the nature of the work task is inherently anxiety-provoking and involves emotional pain. The difficulty is defended against by creating a simple and primitive solution. The reality of the task is replaced with a more bearable but split solution, such as "we would be able to do this better if it weren't for 'management interference'", etc.

For instance, it is easy for leaders to have a grand vision and not have to worry about how it will be achieved. It is easy for managers to become focused on methods and practices regardless of whether they help meet the desired vision or not. Leaders with grand visions tend towards the charismatic. Managers focused on methods tend towards the bureaucratic. Charismatic leaders may blame the stifling red tape and bureaucratic managers for failure. Managers may blame the unrealistic and 'out of touch' leader.

It also makes everyone's job seem easier as only one difficult thing needs to be mastered, rather than the more complex integration of two difficult things. Organizations may fluctuate between the search for a heroic leader or a new management system as if either might provide a magical solution. This might provide short-term relief, but in the long term, it is ultimately self-defeating and unsuccessful. The system as-a-whole is dysfunctional. In this example, what is needed for effective performance is not the splitting of management and leadership, but the integration of them, whether within the same person(s) or between people. The functions of leadership and management may be separated, but they need to appreciate their interdependence and work together in an integrated way. The same can be said for management and therapy, and business and care.

Splits, which are based on unconscious reactions to deep anxieties and fears, are especially likely in the human (or people) services due to the core nature of the task. For example, trying to provide a service to people in great need (sometimes literally a matter of life and death), when it never feels that enough can be done. This is compounded by harsh financial realities such as those in times of 'austerity'. The sense of 'impossibility' and 'hopelessness' is difficult to bear for everyone involved. Leaders can defend themselves by becoming distant from the reality of the work. Those more directly involved can blame leaders for not caring enough about people and too much about finances. And everyone may be avoiding the painful reality of big changes that are required in the organization.

In recent decades, when every type of business and industry has had to deal with a rapidly changing and more complex world, the same kind of anxieties and fears are becoming common in most workplaces. How many people can say with confidence that they expect their job to last for 3 years? A 'job for life' has left the employment landscape. The life span of jobs at all levels has reduced massively, and this is just one of the insecurities affecting the modern-day workplace. Survival on an individual and organizational level is precarious. Constant change in a complex and highly competitive market is the norm.

Without good management, which is in effect good technology, people, methods, procedures, and policies, an organization will fail to achieve its vision. Without visionary leadership that is motivating, inspiring, creative, and stretching, performance will fall short in today's demanding environment. To do something well, on its own, is not 'good enough'. There must also be an outcome that can compete with what anyone else can do at the same cost or less.

What is needed is an improved capacity to face the very real difficulties involved in the work task. This means being more in touch with complexity, fears, threats, and anxieties. To achieve this, it is necessary to have a culture with structures and processes that enable these difficulties to be acknowledged and worked with. This requires capability and time, and the difficulty of putting it in place cannot be overestimated. Short-term thinking will see this as an extra cost and use that as an excuse to avoid it. When space is created to think about the difficult realities involved, this will be hard work, with potential vulnerability and conflict for all involved. Therefore, it might feel as if the process isn't helping. There may be a tendency to give up rather than a determination to work through difficulties. This requires strong leadership, belief in the process, and perseverance.

Those organizations that pay attention to the need for integration, which is far more difficult than getting one part rather than the whole to work well, are likely to become the most effective type of organization. It can be argued that the key task of leadership is to provide the conditions in which organizational integration takes place. The difficulty of this is captured very well by Friedman (2007) in the title of his book on Leadership, "A Failure of Nerve: Leadership in the Age of the Quick Fix".



I will finish with a brief example that captures much of what I have said. A few years ago, I was on a course in Strategic Leadership for Social Care. As part of this, I had the fortune to visit Bromley-By-Bow in London, which had been heralded as an example of community regeneration based on social entrepreneurship. The picture is of the Bromley-By-Bow Health Centre. It is in Bob's Park, named after the local man who led the transformation of a derelict wasteland into a green space, which has become an inner-city haven. The Health

Centre is a model of integrated health care.

We met Andrew Mawson, who was the church pastor and who had played a lead role in the regeneration of the run-down community. He seemed without a doubt to be a charismatic, visionary leader. He talked about the stifling bureaucratic red tape and the need to break rules, to get anything done. In his book (2008) 'The Social Entrepreneur', he also describes how he was impressed by Paul Preston, the businessman who successfully brought the McDonald's chain to England. Mawson says, 'the devil is in the detail' and describes how Preston succeeded by first focusing on every practical detail in just one shop. Down to exactly where the milk came from and how long it took to be delivered. This shows an understanding from the top of how the reality of the work and what is required must be integrated with the vision. The question isn't so much about styles of leadership and management, whether it is either or, but about successful integration between the two.

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An interesting brief video with Andrew Mawson talking about social entrepreneurship and the challenge of creating something positive out of a nearly bankrupt economy, as he put it.

I think the most important issue is learning to work together, actually, and building teams of people who understand how to do that in creative ways. Because we have all got to move out of the silos that have been put down for us by the public sector, and they are often there in business, and learn how to join things up.

<https://www.youtube.com/watch?v=zAwcirZIIWQ>

Dr. Dan Siegel video - On Integrating the Two Hemispheres of Our Brains

<https://www.youtube.com/watch?v=xPjhfUVgvOQ>

**WHY WE ALL NEED AN INTEGRATION AGENDA
PATRICK TOMLINSON (2015)**



<http://mowatcentre.ca/the-integration-agenda/>

I was motivated to write this part after a colleague, Liz Glencorse, referred to the ‘Integration Agenda’ in Scotland. This is a Scottish Government (2011, also see Brown and White, 2006) initiative to integrate Health and Social Care services. Further initiatives to develop the agenda followed and included housing (2013). Similar agendas have been implemented in other countries. The picture above is from a Canadian initiative. It has struck me how much the concept of integration has grown in influence.

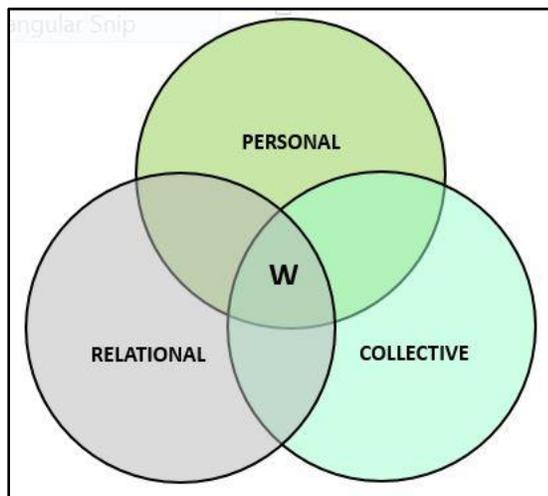
As said, my first experience of integration as a concept was over 30 years ago in my first ‘proper’ job. It was about enabling traumatized ‘unintegrated’ children to become ‘integrated’. This was based on the work of Donald Winnicott (1962), who stated that a child is born unintegrated and becomes an integrated person, usually during infancy. Unintegration is normally a short-term developmental stage. Traumatic experiences such as abuse and neglect can impact a child’s development in such a way that integration isn’t achieved. Disintegration, however, can happen at any time in a person’s life. Temporary disintegration is sometimes considered healthy. For example, following a significant loss. It is only a problem when recovery becomes stuck or exacerbated by further difficulties.

Previously, I have referred to Daniel Siegel’s views on the importance of neural integration concerning our general well-being. I would argue that well-being in this context can be considered at the individual, relational, and collective levels. It is the integration of these three that is really at the heart of well-being.

Of course, the details of what integration means are variable, but the concept is increasingly recognized to be relevant on the micro and macro levels. This makes perfect sense. It is difficult to become or remain an integrated individual in an unintegrated environment. Earlier, I mentioned Andrew Mawson, the social entrepreneur, who worked on integrating health and social issues in inner-city London. This led to improved community well-being, where people began to achieve both individually and collectively. He continued this philosophy of ‘learning how to join things up’ in the Water City Project,

If you join the dots, that is a new city. And if you connect science and technology in an integrated way into that, that's a very exciting opportunity for jobs and skills for people of East London over the next 25 years...

The psychologist, Isaac Prilleltensky (2006), has also made this point well.

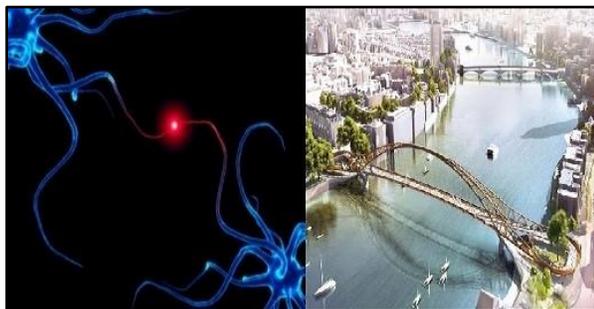


Psychological Wellness is a psycho-ecological concept. It highlights the importance of promoting favorable conditions that nurture the personal, relational, and collective well-being of individuals.

Overall wellness can only be achieved through the combined presence of well-being in these three areas – the central space on the diagram represented by the W.

Steven Johnson, the best-selling author of seven books on the intersection of science, technology, and personal experience, also talks about the

connections between the micro and macro. In his 2010 TED Talk, 'Where good ideas come from', he says,



"The network patterns of the outside world mimic a lot of the network patterns of the internal world." He claims that great discoveries come more out of connections rather than isolated 'eureka' moments and encourages us "to connect ideas rather than protect them". Johnson claims that "Chance favors the connected mind". It could also be

argued that it favors the connected community.

Inevitably, I see the relevance of integration to my work in services for traumatized children and young people. Because traumatized children are often in a state of unintegration or disintegration, the task of integration is at the centre of the work. Recovery from trauma involves integrating traumatic experiences into one's narrative. Bessel van der Kolk (2014, p.222) suggests that this may be the prevailing goal of therapeutic work,

...putting the traumatic event into its proper place in the overall arc of one's life.

For unintegrated children, first, this means there must be the development of a sense of self. Only from this position can experience become integrated. A child needs to know who he is before he can know what has happened to him. Development of self takes place through experience in a nurturing relational context, or as Dockar-Drysdale (1990) put it, The Provision

of Primary Experience. There are clear stages in the recovery from trauma, just as there are in ordinary development. Kezelman and Stavropoulos (2012, p.7) refer to the importance of phased treatment, first outlined by Pierre Janet in the nineteenth century,

Phased treatment is the 'gold standard' for therapeutic addressing of complex trauma, where

- Phase I is safety/stabilisation
- Phase II processing
- and Phase III integration.

They also argue (p.xxx) that the experience of the whole service, and not just the clinical intervention, is part of the healing process,

Neural integration is not assisted – indeed is actively impeded – by unintegrated human services, which are not only compartmentalised, but which lack basic trauma awareness.



As integration is central to general well-being, I also hope that something can be understood of its wider relevance. Why is it important? On the micro-level of the human brain, the brain functions well when the different components are integrated (see Siegel, 2009 video). For instance, effective decision-making takes place when the emotional and cognitive parts of the brain are connected. The strength of intellect is undermined if it isn't integrated with emotion. We could use an orchestra as a metaphor – the brilliance of one part will be

lost if all the parts are not successfully integrated. It is most important that the orchestra is in harmony, where differences complement each other.

The same can be seen in families, teams, organizations, communities, and societies. We know this well if we enjoy team sports. Without integration, any kind of development and achievement is likely to be undermined. As individuals, we need to constantly work on our development, which includes our attributes, as well as how we relate and integrate with others.

However, integration doesn't mean merged. The distinction and differences between the constituent parts are what make a strong whole. It is the way that difference is managed and connected that is important. For example, we could be living in a community where the neighboring community is different but connected, or where there is a wall separating the two. We know which is healthier. Though there may also be a healthy degree of tension between the connected parts. The challenge for us is how to become better integrated. A good starting point is to put integration at the top of our agenda.

My Scottish colleague, who referred to the Integration Agenda, also remarked on what a huge challenge this is. How hard it is to connect different parts and collaborate effectively. Again, this is true from the micro to the macro level. The challenge can be painful, individually, relationally, and collectively. My first response to this question was one of deflation, thinking how impossible it is! However, it is the intent and struggle to move towards a valuable state of integration. There is no such thing as a perfectly integrated state. Integration is ongoing; new experiences and circumstances constantly need to be integrated.

To bring this back to the unintegrated or disintegrated child. She is faced with a huge task, and we know that it will be painful. We also know the potential benefits and the cost of not going on the journey of recovery. By working on the core issue of integration ourselves, we provide a model alongside the child. It is the model of what is going on around the child that is most helpful to her. This includes the individuals that are closest to her, the relationships around her, as well as the wider environment. If we are focused on integrating our own experiences, integrating better with our colleagues, between our departments, and with the wider community and society, we are providing a model for health.

It is exciting how the concept of integration is becoming integrated in so many ways. I agree with the point made by Bessel van der Kolk (2014, p.109), that “most research is me-search”. We are most engaged when something has an important meaning to us. Bessel van der Kolk himself is a great role model for integration. In his work, he integrates “developmental, biological, psychodynamic and interpersonal aspects of the impact of trauma and its treatment”. His book has been described as the first integrative text on the subject.

If we can connect our own ongoing need for integration to the tasks we are involved with, there is more potential for growth than through anything else we could put on the agenda. We only need to think about the many ways in which better integration might benefit our own lives and work. If we are working on integration, development, and achievement are likely outcomes.

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**WHY INTEGRATION AND CONNECTION ARE SO IMPORTANT IN DEVELOPMENT, WELL-BEING,
AND THE HEALING OF TRAUMA
PATRICK TOMLINSON (2018)**

Integration has been central to my work for over 30 years. That is as a practitioner working with traumatized children and young people, as a leader and manager, as a consultant, and as a writer. I think integration is vitally important, whether thinking about the developing individual, family, community, or societal systems. It is also essential in a well-run organization. Most of what is included in this series on Integration was written in four blogs during 2015.

The Need for Integration: **1.** Integration and Connection in Well-Being and Recovery from Trauma; **2.** Leadership and Management; **3.** Integrating and Connecting – The Essence of Trauma Recovery Environments; **4.** Why We All Need an Integration Agenda

Since 2015, I have had the benefit of returning to a leadership position. This experience has hugely reaffirmed the importance of integration. So, I have reorganized the material and added some. I have also been inspired by the way integration is emerging so strongly as a concept in the present. This is happening on both a micro and macro level. For example, in understanding the needs of the individual and the organization.

As well as my thoughts on this subject, there are numerous references and links to videos and articles. There is plenty more to consider. A future blog may focus on the major challenges and resistances to Integration – what makes it so difficult?

Here are a few excerpts from the blogs that highlight the meaning and importance of Integration and Connection.

Child Development and Attachment

Child development is centred on the integration of emotional and physical aspects of relating. For this to be achieved, the primary caregiver must be reasonably integrated as a person, but also connected within a wider environment. Ideally, there are positive connections with a partner, family, and community. These connections provide the holding environment within which the caregiver and infant connect physically and emotionally. Stien and Kendall (2004) state,

During infancy, the attunement and emotional regulation of the caregiver is central to the developmental process. Mirror neurons in the caregiver and infant connect with the detail of each other's feelings and behaviour. The infant's neurons fire, connect and become wired. This kind of connected being 'in tune' with the other is called attunement.

Moreover, it has received influential support in the last two decades from neurobiological research. This has found that secure attachments produce a growth-facilitating environment that builds neuronal connections and integrates brain systems.

Secure attachment promotes neuronal connections, helping to strengthen and integrate key brain structures. (Stien and Kendall, 2004, p.8).

Connection

What enables an infant's mind, body, and brain to develop is the connection with others. Throughout our lives, development takes place within a relational context. As Bessel van der Kolk (2014, p.110) says,

Most of our energy is devoted to connecting with others.....We are profoundly social creatures; our lives consist of finding our place within the community of human beings.

It could be said that human connection is the glue that enables integration to take place. Different parts become integrated through connection. For example, a person with an integrated sense of their identity can connect the different parts of their life. An integrated and coherent autobiographical narrative is an important indicator of mental health. Such a narrative is one where the parts are connected. Like a story with a beginning, middle, and end, the different parts are joined together coherently.

Networks of connections provide a potentially stronger level of support and emotional containment. This powerful network is then internalized and integrated by the child as part of his internal model. A good support network is the single strongest protection against becoming traumatized (van der Kolk, 2014, p.210). The architecture of the brain comes to represent the architecture of the social environment.

Integration

A healthy person is an integrated person. If we think of the developing brain, we can think of neurons connecting and forming integrated neural pathways. We can think of different parts of the brain, connecting and functioning together in an integrated way. We can think of mind-body integration. Integration of our senses with our mind and conscious awareness. Integration with the world around us. From the beginning of life, integration is interwoven with attachment.

If we can connect our own ongoing need for integration to the tasks we are involved with, there is more potential for growth than through anything else we could put on the agenda. We only need to think about the many ways in which better integration might benefit our lives and work. If we are working on integration, development, and achievement are likely outcomes.

Separation and differentiation are central to the process of becoming integrated. Healthy relationships are connected and separate at the same time. Siegel (2012) sums up the importance of this very well,

...a summary of the entire field of attachment in one sentence, secure attachment is based on integrative communication, honoring differences, and promoting linkages.

Well-Being

Before connections can be achieved, safety must be established. Only when the disconnected or unconnected person begins to feel safe will he be able to take the risks involved in connecting. Once the process of connecting begins, the person is moving towards integration. The foundations of well-being can be safety, connection, and integration.

Trauma

Among many negative impacts on the brain-body system, trauma interferes with the integration of left and right hemisphere brain functioning. Rational thought cannot be accessed in the face of overwhelming emotion. Emotional and social disconnection can begin a spiral that leads to further isolation and alienation. On the other hand, emotional and relational connection creates a positive spiral. It leads to the conditions that bring about more connections.

Recovery

If neural integration is, as Dan Siegel (2006) says, ‘... at the heart of well-being’ and trauma disrupts healthy development, then recovery is about completing the process of integration. A person or any living system that is integrated is one where the different parts work together functionally. For individuals, there is mind-body and sensory integration and an effective balance where emotion and reason complement each other. The same analogy can be applied to social groups, such as families, teams, communities, and societies.

In the healing of trauma, just as in ordinary development, it takes a village to raise a child. Or as Perry and Szalavitz (2006, p.231) said, “What maltreated and traumatized children most need is a healthy community to buffer the pain, distress, and loss caused by their earlier trauma. What works to heal them is anything that increases the number and quality of a child’s relationships”.

Recovery aims to create connections that can be personally integrated. Connections can be thought of concerning oneself, between internal and external worlds, in relationships with others, and in the wider community. The level of connection that traumatized children need means that those who are involved in the therapeutic work must be highly attuned. Emotional attunement is receptive to connection and creates secure attachment.

Recovery from injuries perpetrated in a social context must occur in a social context. These centres, responsible for healing, must become therapeutic communities where recovering is more important than control, and compassion and empathy drive out fear and coercion. (Farragher and Yanosy, 2005, p.100)

Therapeutic Models

Strong models are ones where everyone, whatever their role, is involved in the process of integration and connection. For example, a therapist or carer might be doing what Dan Siegel recommends – working to improve the integrative functioning of a child’s prefrontal

neocortex. While the task of the organization leader might be about building integrative connections inside and outside of the organization.

Einstein's view that 'example isn't another way to teach it is the only way to teach', provides a good principle for how we approach the task. If integration is the aim of trauma recovery, then we must practice integration in every aspect of our work.

Organizations and Communities

All relationships and roles in the community were considered part of the healing environment. The role of the maintenance staff and domestic assistants was considered equally alongside the work of teachers, care workers, and therapists. This is one of the features of trauma-informed environments – everyone's role is important and therefore needs to be integrated into the whole system.

Those organizations that pay attention to the need for integration, which is far more difficult than getting one part rather than the whole to work well, are likely to become the most effective type of organization.

Neural integration is not assisted – indeed is actively impeded – by unintegrated human services which are not only compartmentalised, but which lack basic trauma awareness. (Kezelman and Stavropoulos, 2012, p.xxx)



“I think the most important issue is learning to work together, actually, and building teams of people who understand how to do that in creative ways. Because we have all got to move out of the silos that have been put down for us by the public sector, and they are often there in business and learn how to join things up.”
(Mawson, 2012)

Leadership and Management

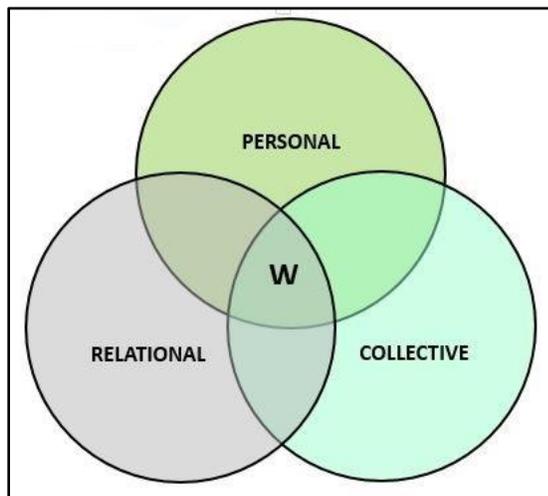
For a service to be effective, management and therapy need to be integrated successfully. Good management is necessary for therapy to take place, and sometimes good management is therapeutic. The same could be said about any kind of practice in human services – it can only be truly effective in a well-managed context.

It can be argued that the key task of leadership is to provide the conditions in which organizational integration takes place.

Vision is crucial to creating an inspiring and important mission. So is doing the job at hand, however mundane or unpleasant it may seem. It is the integration of the two that is critical.

Micro and Macro

In working with traumatized children, both the micro and macro levels are important, but it is when there is a synergy between them that there is the greatest potential for recovery. For a child, this synergy would be like having a safe and attuned relationship with a primary carer, within a healthy partnership between parents, within a caring extended family, and within a safe and thriving community.



My first three parts on integration have moved from the micro-level of the individual brain to the macro-level of leadership, organizations, and society. While this might seem a little awkward, I think it is essential. We can't consider the individual as an isolate. We are all part of a wider system. As Prilleltensky (2006) has shown, well-being is about the integration of the individual, relational, and collective levels.

Both the individual and the community are plastic, i.e., capable of recovery and growth, however difficult and traumatic their histories.

The network patterns of the outside world mimic a lot of the network patterns of the internal world (Johnson, 2010).

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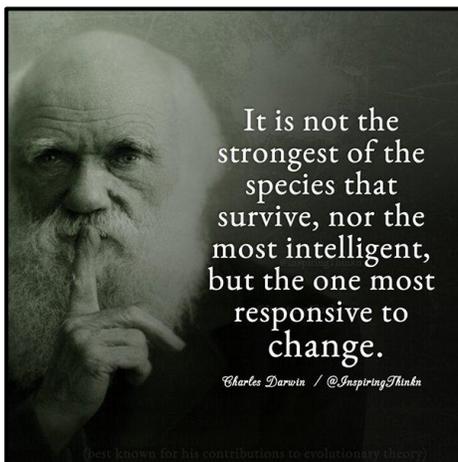
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**PROFESSIONAL AND PERSONAL DEVELOPMENT: DISINTEGRATION AND REINTEGRATION
PATRICK TOMLINSON (2016, Revised 2026)**



Beginning

This article is especially relevant to those who work with traumatized children and young people, but also more widely. My 40 years or so of work in services for traumatized children has always had a focus on development. I think of this as broadly meaning growth, expansion, and advancement. Development means learning from experience. This can be exciting and also scary. It means change, leaving the familiar territory and going into the unknown. All of which we might understandably resist, but which are essential for evolution and survival. As Charles Darwin is reported to have implied, it is not the strongest that survive but those most responsive to change. It could be argued that in our fast-changing world, the ability to respond to change and adapt is increasingly important.

The article is about our development as workers. What often gets referred to as professional development, but I think it is far more than that. I include workers at all levels who are involved with traumatized children. Carers, therapists, supervisors, managers, and directors, among others. I am focusing on the worker, simply because for me, my choice to work with traumatized children was my beginning.



My first job was in 1985 as a residential care worker at the Cotswold Community, a therapeutic community for 'emotionally disturbed' boys. We lived and worked on a large farm site in Wiltshire, England. We had 40 boys resident in groups of 10 in 4 separate

houses. The staff and their families lived in on-site accommodation. It was like a small village. The tranquility of the setting was in stark contrast to the primitive emotions and behaviour that

were often part of daily life. To some extent, the environment was an essential calming antidote.

The official hours of work when I began were 7.30 am to 11 pm, 5 days a week. One and a half days off each week. I had a Saturday afternoon after 1.30 pm off, and Wednesdays. On workdays, getting off at 11 pm could easily turn into 1 am or later. At times, we didn't get our time off due to covering sickness or a crisis. Regular hours were 70 per week, at times up to 100. Going to work there was one of the best decisions I ever made. I am still thankful I was given the opportunity. In my case, the challenge was good for my development. However, during the time I was there, I did advocate for and achieve a shorter working week. Down to around a 60-hour week!

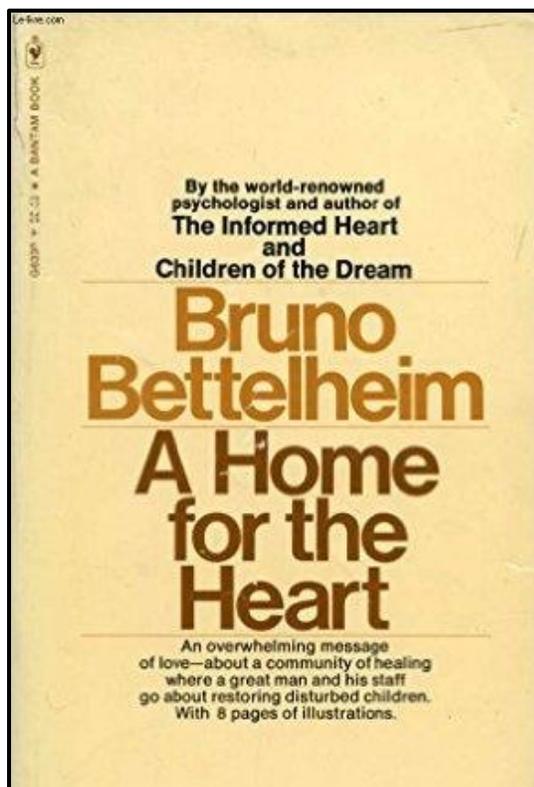
I was attracted to challenging work and to helping others. I believed this would also lead to personal change. I was motivated to change personally, and the professional task seemed perfectly suited. This possibility was confirmed by most people I talked with on my 3-day visit, which was part of the staff selection process. The staff I met kept saying, this kind of work will test you, but if you can do it, you will learn about yourself and grow as a person. I was already identified with work for disadvantaged children. However, I think the motivating factor had to do with personal change for me, and feeling this work might be a way to do it. Bruno Bettelheim (1966), one of the most influential pioneers in the field of therapeutic work with children and young people, made it very clear that,

... to become a childcare worker means first and foremost to become oneself because only then can one become a self to others.

I think there are many jobs where we can learn all the time, but not so many that will lead to fundamental change as a person. The kind of occupations that push us to our limits are more likely to do this as long as we are not completely overwhelmed. Our formative experiences have a major influence on our adult personalities. Working 24/7 with children who keep probing to test who you are and what you are capable of is another likely catalyst for change. Put the two together, and there is huge growth potential, both professionally and personally. We find ourselves in a position where it is impossible to escape our vulnerabilities unless we have armor-coated skin. In such a situation, two options that don't take long to surface are either leave or stay and work through whatever is painful and difficult.

John Whitwell was the Principal of the Cotswold Community for the 14 years I worked there. He captured the centrality of change in a 2011 speech, celebrating the work of the Community,

The Cotswold Community has been a special place for a lot of people for a long time. Why is it special? It seemed to me that the Cotswold Community supported change. Change for everybody in the place. Change, not just for the boys that came here, but change for all the grown-ups. That change was about gaining new insights into the work, but also about becoming more self-aware and learning new skills. Skills, whether they were therapeutic skills or practical and creative skills, as well.



Bruno Bettelheim, who was Director of the Orthogenic School in Chicago, also wrote about this in his book 'Home for the Heart' (1974). The Orthogenic School was for children with significant difficulties, such as severe autism and childhood schizophrenia. I read parts of his book during my early days in the community. There were a few sections I found particularly interesting.

- **The Total Involvement of the Staff Member**
- **Reintegration: The staff member against himself**
- **Personal Change and Professional Growth**
- **The Inward Journey**

When I started writing this article, I didn't anticipate referring to Bettelheim. However, I associate him with some of my first insights into the issue of development. So, maybe it is not surprising he has come to mind. Bettelheim's basic premise was this, and it is as relevant now as it was then. We go into these extreme work environments because they will

meet some of our own needs. We are not likely to be conscious of what those needs are, but we sense the work will be good for us. Sentimental notions of wanting to 'love' children or 'help' a deprived child, on their own, will not be enough to sustain our efforts. Hence, the well-known phrase 'Love is not Enough' (also the title of one of Bettelheim's books).

Many people who do not last long in this work don't leave because of the children's attitudes towards them. They leave because of their strong reactions and hostile feelings toward the very children they previously felt so much concern for. The shock of discovering their reactions and feelings can be too much to bear. At times, I felt such strong feelings of anger, which I could not remember ever having felt before in my life.

That does not mean that the feelings were not there, but that they were deeply repressed. The emergence of what is repressed or unknown can be shocking. The children were experts at finding our 'Achilles' heel' and 'buttons to push' that we didn't even know we had. And unlike a process of therapy, the traumatized child wants to get to the bottom of the matter as quickly as possible. With little or no concern for our well-being, he or she may even need to discover how we manage such difficulty. As Bettelheim (1974) claimed,

It isn't so much the patient's actions or feelings against which the staff need to protect themselves, but mainly their own.

The children and young people I'm referring to are exceedingly difficult to help. They will often attack you, emotionally, verbally, and physically, and reject everything you offer. They will also behave in a chaotic, unpredictable, bewildering, and sometimes dangerous manner. If all of that goes on consistently, for days, weeks, and even months, it is challenging to the extreme.

Thankfully, it doesn't go on forever, though it can feel like it. These children need to push those who care and work with them to the limit. Only then, and if you survive and carry on, without retaliation, will they begin to trust and potentially heal. Learning to tolerate our feelings and reactions is sometimes the best we can do (Carpy, 1989). At least this is better than hurting the child, which may have been common in his or her history.

Integration-Disintegration-Reintegration – Bettelheim's Premise

1st part - We go into these extreme work environments because they will meet some of our own needs. We are not likely to be conscious of what those needs are, but we sense the work will be good for us.

2nd part - of the premise - when we are faced with such consistent attack, rejection, and hostility, our defences, which were good enough to help us survive in ordinary circumstances, begin to disintegrate under this emotional and physical onslaught.

3rd Part - we feel extremely vulnerable, frightened, overwhelmed, and confused. Support is critical here. The worker may be in emotional turmoil, which is a normal reaction to a highly stressful situation. Those providing support need to have the confidence and experience so that they, too, don't become anxiously reactive. Emotional disintegration can be catching, as Lanyado (1989, p.140) explains,

Disintegration is catching – and the staff are prone to it too. At times, staff may feel anxious that they too could collapse like a house of cards. This is an extreme situation – but I am sure there are few of us working in these settings who don't feel this way at times. The child's extreme anxieties can eventually threaten the integrity of their closest adults.

Any organization that provides foster or residential care or any other service to children who have complex trauma must meet this demand on the staff, with equally powerful support. If not, people are likely to feel overwhelmed and hurt. Not everyone will stay through it, and some may suffer ill health. Either staff or children will leave, or both. I think the same also applies to other related services. The support can be in different forms - training, supervision, mentoring, and consultancy, and directly in the work situation. Time and space to think about the work must be provided.

4th part - with defences disintegrating, we can begin to feel and see what's underneath. This provides the potential for learning and growth. Why did a particular incident make us so upset? What might it have to do with our history? We begin to make connections, sometimes with events we have completely forgotten. What we remember of our childhoods is beginning

to become more complex, but also more accessible. This 'inward journey', as Bettelheim called it, could take many years, usually a minimum of 3.

5th part – reintegration. This is when the unintegrated parts of our personalities begin to become integrated. Interestingly, this concept of integration is now one of the main themes of trauma recovery work. Siegel (2006) states that,

The central idea of interpersonal neurobiology is that integration is at the heart of well-being.

With reintegration, our personality grows. Our narrative becomes more coherent and now includes experiences, sometimes painful, which we were not fully aware of. The unconscious and unintegrated past may have made itself known in ways outside of our control. Like an unpleasant repetition, we couldn't stop. For example, a physical symptom or pattern of behaviour. The work may raise very painful feelings, in relation to parts of our history that are unintegrated, and things can feel overwhelming.

If we can bear this difficulty with the support of others, we may become more conscious and able to integrate our experiences into our life history. Difficult experiences that we are conscious of can help us provide empathy and understanding. Research has shown that it is not the facts of our history that are necessarily the problem, but whether we have been able to integrate these facts into a coherent narrative of who we are (Van der Kolk et al., 2007). The development of the worker is a journey of working on one's personal narrative.

This process of integration does not end. It carries on, just as new experiences continue. But just as in the way the first 3 years of life are so influential on the rest of our development, the first 3 years of intensive work with severely traumatized children have a similar long-lasting influence. For some people, if they get that far, the 3-year cycle is enough. Change has happened, and it is time to move on. For others, different reasons for continuing can be found. Whatever route we take, our development is central to our well-being. I learned from Martin Willis (2001) during a training course related to strategic leadership and outcomes - the three key outcome areas for human well-being are **safety, happiness, and development**.

Development is important to all of us – for those who work with children who have complex trauma, it is a necessity. Bettelheim (1974, p.345) made the link between the process of change in the worker and those he works with.

Such reintegration around the patient seems to have a near miraculous effect. Actually, what is involved in the process makes understanding it quite readily comprehensible: the worker's integration often induces a parallel process in the patient.

Though he uses the terms patient and worker, I think the same also applies in more familiar and less institutional settings, such as a foster home. There are many routes to development. I am not advocating that experiences like mine would be good for everyone, though they were for

me. Those extremely challenging years laid a foundation that I continue to value, use, and build upon. And it was not all toil and turmoil! There were also many enjoyable times, wonderful shared experiences, fun, and humour. The children had great character and are unforgettable people. I am glad to still be in touch with a few as adults, 35 or so years later.

The therapeutic community I joined had developed a congruent therapeutic model. The support that I was able to make use of was excellent. I had high-quality people around me - colleagues, managers, senior staff, and consultants. Maybe the culture also allowed their quality to develop and shine through? No one person created the culture, but we all, including the children, had the space to contribute. Without this, everything could easily have disintegrated into a complete mess. At times, it felt like it was. Many children, whose lives were not destined for good outcomes, did very well. Some didn't, and the same could be said of the staff. There are probably many who have mostly negative memories. But many have also gone on in their work to make achievements on the foundation of this experience.

The Interrelatedness of Professional and Personal – Sincerity and Authenticity

In the final part of this article, I am going to focus on why the connection between personal and professional development is so important. We cannot overlook the central need for the professional development of all those who are involved in such challenging work. We might call it professional, but in a job that is so personal, there isn't a neat way of separating the two. For example, if a carer is to be compassionate rather than punitive towards an 'ungrateful' child, she might first need to understand her resentment towards her parents, who constantly told her she was ungrateful.

However, our need for development needs to be manageable within the context of the primary task – enabling traumatized children to recover. This may depend upon what we bring with us from our histories and how well we have integrated our experiences into who we are. Too much baggage might really be too much. Some baggage, like the 'wounded healer', might give us the motivation we need. There is a fine line here, and it is one of the central struggles of the work. Bettelheim (1974, p.343) warns of the difficulty if we separate professional from personal development. While he is referring to workers in psychiatric hospitals, the same applies to all work in the caring professions.

Professional development, no more than one important aspect of the worker's striving for his own higher integration, can become a cancerous growth if it is pursued at the expense of his integration as a total person. While desire for professional growth, which is present among many workers in psychiatric hospitals, can serve as a momentum for personal integration; the crucial difference is whether it is only incidentally related to the actual work he is doing, or whether it is a direct result of a commitment to the ethos of the therapeutic milieu and to particular patients. Everything here depends on whether the institution is built around the conviction that it must do everything possible to promote such integration of the staff, with the patients' integration as the ultimate goal.

There is a great risk of splitting between our professional and personal selves. Of course, there has to be a boundary between the two. But that is more about what we choose to share with those we work with. It is quite appropriate that some things are private. This does not mean that we are being two different people. Children who have suffered trauma are likely to have unintegrated personalities (Winnicott, 1962) and may have developed a false rather than true self (Winnicott, 1960). It is important for the worker's healthy development to integrate his experiences and to have a true, authentic sense of self. This is the essence of well-being. At the same time, it provides a model of a process that is vital for the children he works with. If the worker were not doing this integrative work, his work with children would be seriously undermined.

A true sense of self can also be seen as something sincere. There is no mask with a superficial surface or false self hiding the true self. Traumatized children, and any child, find this difficult to deal with. Harold Searles (1965) has written about the immense importance of responding authentically to 'being driven crazy', i.e., when children are being exceedingly difficult. He argued that parental denial of strong feelings in front of the child, such as fury, is common in the aetiology of schizophrenia. For traumatized children, this problem is made worse as they are already often deeply mistrustful. They are used to people saying one thing and doing another. They cannot easily read whether something is genuine or not, and they fear the worst.

Therefore, we make things as simple and transparent as possible when we are authentic. This does not mean acting out what we feel, but acknowledging the reality of our feelings to ourselves. Once we are in touch with that, we are then more able to choose a helpful response for the child. Tom Main (1989) made an important point on this subject in his paper 'The Ailment'. This is regarded as a classic paper on therapeutic community work and how particularly challenging 'patients' can create major difficulties and splits in the staff team, among other difficulties.

Believing that sincerity in management is a sine qua non for the treatment of the patients I have described, I offer one piece of advice. If at any time you are impelled to give advice to others (to be less hostile and more loving than they can truly be) don't.



Main argued at length that sincerity amongst staff about what can and cannot be given with goodwill is the basis for the management of these patients. The same could be argued for a group of traumatized children. He believed that insincere goodness is useless and potentially disastrous for the continuance of treatment. We need to be completely genuine in our work.

For instance, if senior managers are not finely tuned into the reality of the carers' work, they will ask carers without much thought to try a bit harder, etc. The danger is then that the carers adopt a false caring persona, which is not genuine and cannot be trusted by the children, who will see right through it. They will react to it,

causing even greater stress to the carers, who will become demoralized. The carers need the opportunity to express their real feelings about the work, in supervision and other forums. If this helps to relieve the burden of feelings of anxiety and guilt that they are not up to the job, they will then be able to work more genuinely. They will be more able to accept their feelings, such as guilt and anxiety, as part of the work rather than an indication they are not working or trying hard enough (Barton, Gonzalez, and Tomlinson, 2012).

Emphasizing the importance of this, the Department of Communities (2010, p.54) states,

It has been stated that the most valuable tool residential care workers bring to their role is themselves.... It is the relationship that children and young people form with their workers that offers the potential for healing and moving forward with their lives, feeling more positive about who they are in society and how they can live, participate, and contribute.

By doing this work, the development of our professional and personal selves is continuously connected. It is not easy, but the more able we can recognize and be ourselves in our work, the more helpful our relationships with the children are likely to be for them.

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ORGANIZATIONAL INTEGRATION, DISINTEGRATION, AND RECOVERY
PATRICK TOMLINSON (2020, Revised 2026)

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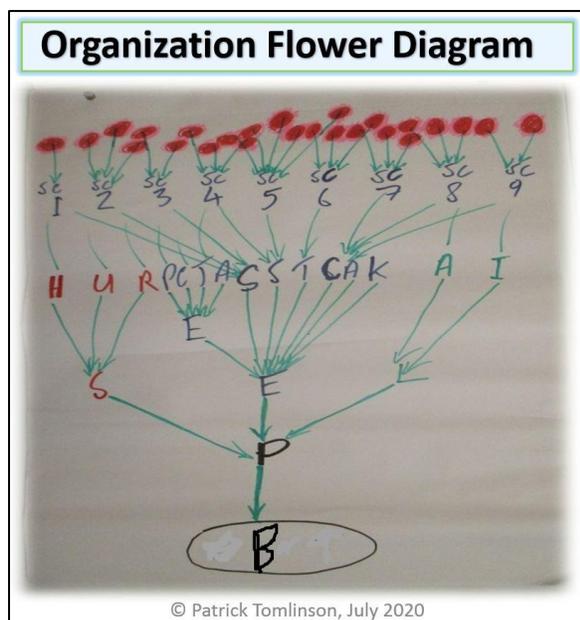
Introduction

Organizations usually produce an organization chart that shows who is responsible for what, who reports to whom, and how different departments relate to each other. The charts tend to consist of lines, arrows, and boxes, with the most senior person at the top. Some are perplexing to understand and might look like a complicated piece of plumbing, as a headteacher once said to me, when he could not make 'head nor tail' of the latest organizational chart that had been sent to him from the Head Office.

Back in 2001, when I had an informal interview with Mary Walsh, the CEO and Founder of SACCS in England, she presented a different kind of picture. SACCS, by this time, was a leading specialist residential service for children. The company had grown from Mary's passion for helping children who suffer abuse and trauma. This stemmed from her practice as a social worker (Walsh and Thompson, 2019). SACCS was a genuinely child-centred service.

Mary showed me a picture to explain the organization. Surprisingly, instead of lines, arrows, and boxes, it was a picture of flowers blooming in a garden. It showed the seed, roots in the earth, and the growth into a blooming flower. She explained that she and the Board were in the earth providing the nutrients that would allow the flowers to grow. Managers, care workers, and therapists were above, creating the environment necessary for healthy growth. I was struck by this unique way of presenting her organization.

Years later, in 2016, I was wondering how to present an explanation of how different roles and functions are connected to the organizational task. It was to a group of staff in another children's residential service in Ireland. The diverse group included social care managers, admin, finance, human resources, and property maintenance. I remembered Mary's 'chart' and drew this not-so-impressive diagram.



The B at the bottom represents the Board of Directors. The Board, including the owner, holds everything up. Without a Board/Trustees, etc., most organizations cannot exist. This means that the Board holds the organization's vision, values, and responsibility for Governance. A functional board is essential for the health of the organization.

The P represents the CEO/Director/Managing Director, which was me. The relationship between the Board and Director is the starting point for the growth of a healthy organization. This relationship turns the vision and values into the organization's mission, structure, and processes.

The next level up has the senior managers of social care, finance, and HR. Their relationship with P and each other set the tone for an integrated organization. Integrated means working together collaboratively and implementing the mission. It means valuing each other's function, recognizing differences, and that positive outcomes depend upon the power of connected working relationships.

As the diagram proceeds upwards, all the staff in the organization are included. Everyone supports the work that takes place with the children in their homes. In this case, there are 9 homes. The blooming flowers symbolize the children in each home. It can easily be seen that if any relationship, in the whole system from roots to flowers, is broken, there will be a knock-on effect. If that is near the top of the diagram, others who are close may repair the potential damage. If the damage is at the bottom, the whole system could suffer.

It is clear how the relationships between everyone in the whole system contribute to its health and positive outcomes for children. As in an ecosystem, it is the whole environment that is key to positive outcomes. A change in any one part of the system will affect all other parts of it. At this presentation, it seemed that the whole group, whatever their role, understood that it is the healthy connection and integration of all roles and functions that lead to positive outcomes. Everyone is involved in the process of integration.

In 2018, I was presenting at a conference in Portugal and decided to elaborate on this theme. Recently, someone who was at the conference asked me about it. So, as it seems a helpful and enduring way of explaining concepts about organizations, change, leadership, and culture, I have created this article.

Organizations are Living Systems

The following diagrams and concepts are a development of the previous hand-drawn version. The concept can be applied to most kinds of organizations. They provide a way of thinking about and evaluating organizational functioning and how it might improve. As an organization is a living system, many of the concepts in this article can be applied as a way of thinking about all living systems, from a person to families and groups.

The idea that Mary Walsh originally presented to me with her picture is helpful because it reminds us that an organization is a living system. The system is continuously changing, evolving, moving backwards, and forwards. A move backwards can lead to a move forward or a further stop backwards.

It is an ecological model and especially relevant to children, who have become traumatized within their family system, which is also part of the wider community and societal systems. Therefore, it is vitally important that we do not underestimate the wider systems that the organization sits within, such as family, local community, society, and Government. Relationships with these will have a significant impact on the internal processes of the organization and vice versa. In this paper, I am focusing on the organization's internal dynamics. Much of what I describe applies equally to the relationship with the external environment.

Positive outcomes are dependent on the quality of organization integration and relationship with the external environment. In this case, the organization provides a residential service for children who have suffered trauma and other adversities. Within the organization, the relationships involved can be considered as between people, functions, and processes. For example, there may be difficulty in aligning vision and values with the mission and task performance. There may be difficulty in a line management relationship, or between heads of departments. Such difficulties may be symptomatic of systemic issues, and if not worked with effectively, will undermine the potential outcomes of the organization. The same will apply to relationships with external stakeholders.

Edwin H. Friedman (1999), who was a Rabbi, family therapist, and leadership consultant, claimed that all living systems, from a human cell to society, share a few universal processes and principles. The main one is that the health of the system requires self-differentiation. The presence of a self-differentiated leader is central to creating a well-run self-regulated organization. Such a person knows his or her vision, needs, expectations, and goals, and can hold onto this in a steady, non-reactive way during times of high anxiety.

In such an organization, boundaries and responsibilities are clear. Appropriate levels of responsibility promote effective functioning and growth. The space between people allows room for owning responsibility. As Jaques and Clement (1991, p.145) made clear, each layer in the organization must add value. They argue (p.124) that one of the biggest hindrances to organisational effectiveness is too many layers in the hierarchy. Where managers are doing work that their subordinates are capable of, stagnation and regression rather than growth are likely.

Effective Delegation

This is one of the universal phenomena that support positive outcomes in organizations and human development. It is interesting how similar the following two comments are here. The first is by General Gordon R. Sullivan (quoted in Ulrich, 1998), Chief of Staff to the USA Army,

Once the Commander's intent is understood, decisions must be devolved to the lowest possible level to allow these front-line soldiers to exploit the opportunities to develop.

The second is by Isabel Menzies Lyth (1985, p.239), an organization consultant to human services in the UK,

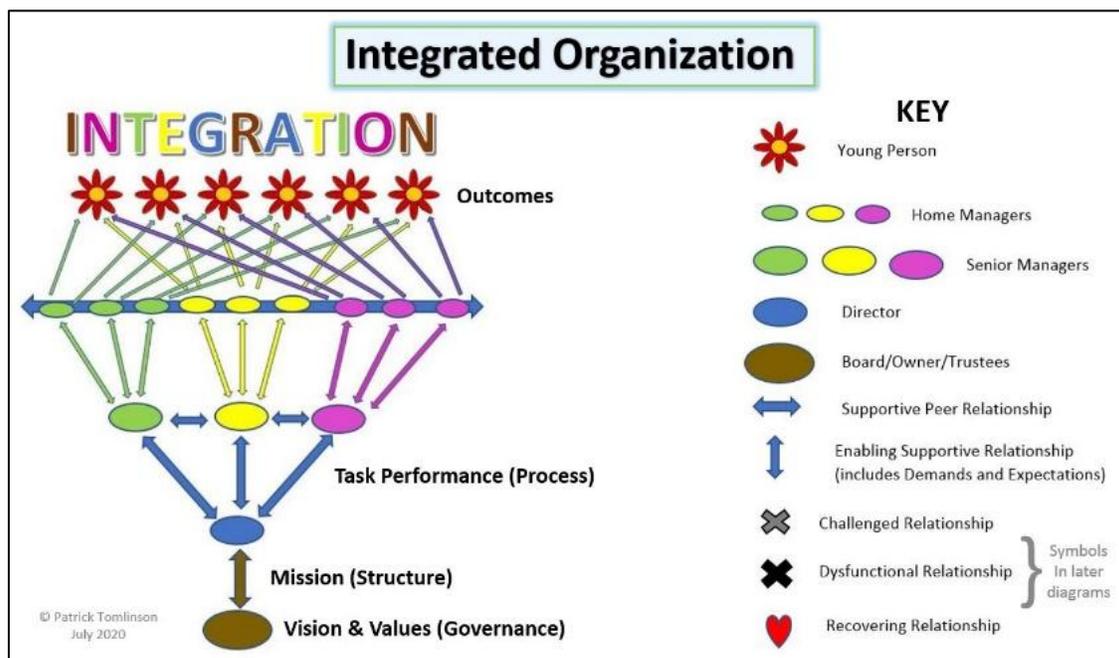
It is, in general, good management practice to delegate tasks and responsibilities to the lowest level at which they can be competently carried and to the point at which decision-making is most effective.

She went on to explain,

This is of particular importance in children's institutions, since such delegation downwards increases the opportunity for staff to behave in an effective and authoritative

way, to demonstrate capacity for carrying responsibility for themselves and their tasks and to make realistic decisions, all of which are aspects of a good model.

Whatever kind of 'institution' (organization) we are talking about, the principle is the same. Friedman (1999, p.181) goes as far as to say that the surest way to make a member of any organization or family dysfunctional is to over-function in that person's space.



To illustrate why integration is so important, we might use an orchestra as a metaphor. The brilliance of one part will be lost if all the parts are not successfully integrated. It is most important that the orchestra is in harmony, where differences complement each other. Similarly, referring to the functioning of the brain, which also has its own 'departments' and sub-systems, the neuroscientist Dan Siegel (2012) talks about integration as being differentiated but linked. He makes the important point that integration does not mean blended.

Separation and differentiation are central to the process of becoming integrated. Healthy relationships are connected and separate at the same time. The same applies to organizations, families, communities, and other systems. People need to know what they are responsible for and what they are not. Where one person's role ends, and another begins. Without integration, development and achievement are likely to be undermined by confusion.

People are inherently interested in integration, whether they are consciously aware of it or not. This is because it is fundamental to our health and well-being. At the micro-level of the brain, good functioning requires the integration of different brain functions within the whole-body system. There cannot be good health without the integration of the mind and body. Siegel (2006) said,

The central idea of interpersonal neurobiology is that integration is at the heart of well-being.

And as I have said, humans, as with an organization system, exists within a wider ecological system. As Isaac Prilleltensky (2006) has argued, wellness is an ecological concept,

There cannot be well-being but in the combined presence of personal, relational, and collective well-being.



Susan Pinker (2014, 2015, 2017), referring to studies of thousands of people, their health and longevity, claims that social integration is the number one factor in health and long life.

When it comes to trauma and adversity, we also know that it is not the absence of difficulty that is the main indicator of well-being. A good support network is the single strongest protection against becoming traumatized. (Van der Kolk, 2014, p.210; Perry and Szalavitz, 2006, p.231).

Ecological Systems

While trauma may mainly be perceived as an issue between the 'victim' and 'perpetrator', it is not helpful to ignore the context or ecological aspect. Trauma happens within an environment, such as a home, family, neighborhood, community, or society. A model for recovery needs to consider not only the different parts of the context but also the relationship between them. Supporters of the 'ecological model' rightfully argue that outcomes can be improved by intervening at any level of the context. For example, an effective intervention to reduce trauma might be to improve the support provided to primary caregivers, and another might be to reduce poverty.

At the macro level, we can consider an organization as a system that sits within an ecology of wider systems. At the micro level, it is the same for the human brain as a system, within an ecology of wider systems. Bronfenbrenner's (1979, 1999) bioecological theory of human development has shown how important this is. The individual cannot be understood outside of the context in which she lives. For organizations and human brains, it is the effective integration within and into the wider systems that is vital for healthy functioning and positive outcomes. Not by coincidence, as Johnson (2010) suggests,

The network patterns of the outside world mimic a lot of the network patterns of the internal world.

Leadership

Another universal organization phenomenon is that wherever you find an integrated, successful organization, you will also find highly competent leaders with qualities of integrity, self-differentiation, and personal integration. Leadership in such an organization is a life-enhancing protective factor for the system. Friedman (1999, p.234) stated that,

“Leadership begins with the management of one’s own health” and “...a leader functions as the immune system of the institution or organization he or she ‘heads’.” (p.182).

In organizations, it can be argued that the key task of leadership is to provide the conditions in which organizational integration takes place. The following diagrams show how an organization can move from integration to collapse and recover from collapse back to integration. The process may go backwards and forwards. It may not necessarily progress linearly from one stage to another.

There are significant implications for leaders who appreciate the systemic nature of organizations. Nearly 30 years ago, Jaques and Clement (1991, p.43) summed this up well,

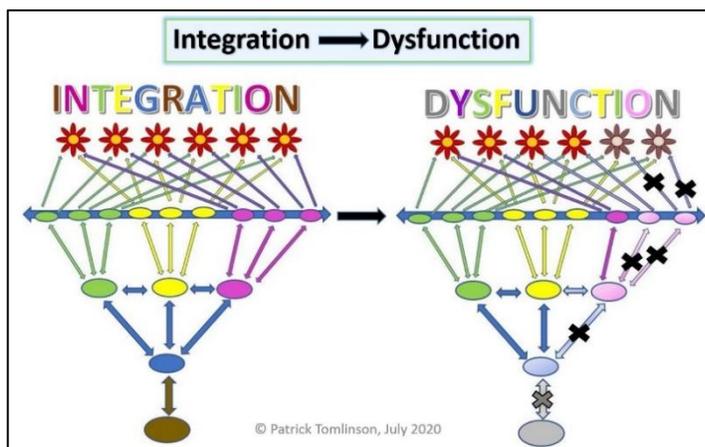
In view of these severe organizational difficulties, the present-day tendency to see organizational problems in terms of psychologically determined personality conflicts is most unfortunate, because it obscures the organizational sources of most conflict, pointing the finger at individuals rather than at the organizational morass that lies at the heart of the problem. A useful principle is that no difficulties arising between individuals in these organizations is to be seen as arising from personality difficulties, unless and until it has been clearly established that the organizational context is requisite!

In other words, as long as an organization is not functional, focus on fixing the system rather than blaming individuals, whose failings are most likely a symptom of systemic dysfunction.

Characteristics of an Integrated Organization (a few examples)

1. Clear vision, values, and mission, which are shared by everyone and reflected in all aspects of work. If someone from outside the organization meets anyone in it, they will pick up the same core messages.
2. All activity within the organization is aligned. Every department and person understands their role and how it relates to the mission. The organization is cohesive.
3. Delegation and Boundaries are appropriately clear.
4. Communication is clear, timely, inclusive, open, and transparent. People feel valued.
5. People collaborate positively to solve problems and create new approaches.
6. There is a strong sense of purpose, achievements are recognized, and setbacks are not reacted to with panic or blame. Anxiety is contained. People take ownership of their responsibilities.
7. The culture feels positive and affirming, safe and trustworthy. People want to be in the organization. Low levels of absenteeism and high levels of retention.

8. The organization is a learning environment. New experiences must be learned from and integrated. Development is a priority.
9. However difficult and threatening a situation, the organization maintains its capacity to think about and respond rationally to challenges. Threats may even strengthen resolve.
10. There is a focus on fixing processes, rather than firefighting problems. As Alexander Den Heijer said, if a flower doesn't bloom, you fix the environment in which it grows, not the flower.
11. As with individual integration, organization integration can lead to virtuous circles. One success leads to another, which further boosts confidence, belief, purpose, etc., leading to further growth and success. Like being 'on a roll'. Good people want to stay in and join a good team.



Ideally, if we are in an integrated organization, we would wish it to stay that way. However, the environment is constantly changing, inside and outside, and only continual adaptation can maintain integration. Changes can include everything from the retirement of a leader in the organization to the invention of new products and political changes. Even the success of an organization will change things and require adaptive responses.

Commonly, organizations become dysfunctional to some extent. As with all human development, it is often two steps forward and one step back. In the diagram, the *x*'s, fading ovals, and arrows near them symbolize areas of difficulty. Some relationships are becoming challenged or dysfunctional. For example, a difficulty between the Board and Director may have a knock-on effect on relationships between the Director and his/her direct reports, and so on. All difficulties may be related to internal or external factors or both. In organizations that by nature deal with high levels of anxiety, there is a constant challenge to stay on task rather than become defensive. In the case of a residential service for traumatized children, Menzies Lyth (1985, p.254) states,

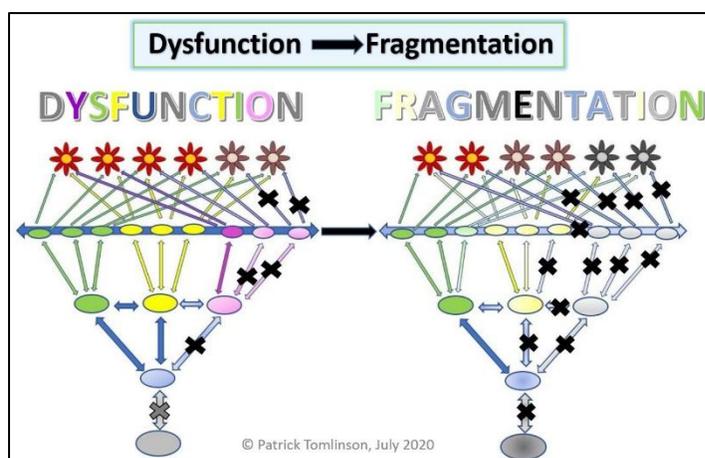
There appears to be a need for constant vigilance if the defence system operated in the institution is to be sustained at a mature level and indeed to be adaptive rather than defensive, for it will be under constant threat.

It takes hard work and vigilance to maintain positive functioning. A strong and effective organization will have a culture that protects itself from dysfunction or defensiveness becoming a major problem. Problems and areas of dysfunction are often identified and corrected. Appropriate systems and processes need to be in place to help ensure this. However, sometimes a new problem arises that is outside of the present capacity to respond. For

instance, a major external change may require a significant reorganizational change. If this does not happen, the dysfunction may grow and start to cause a significant dip in performance.

Characteristics of Dysfunction

1. A part of the organization is not achieving its usual level of performance.
2. Tensions are growing in the organization, possibly with conflicts between departments and individuals in teams. Relationships feel more challenged if not dysfunctional.
3. Communication is becoming more reactive, inconsistent, and is not understood clearly.
4. Problems are increasingly likely to be perceived as existing in events and people, rather than in systems, processes, and culture.
5. Blaming and reactivity are becoming more common.
6. Growing uncertainty about the future.

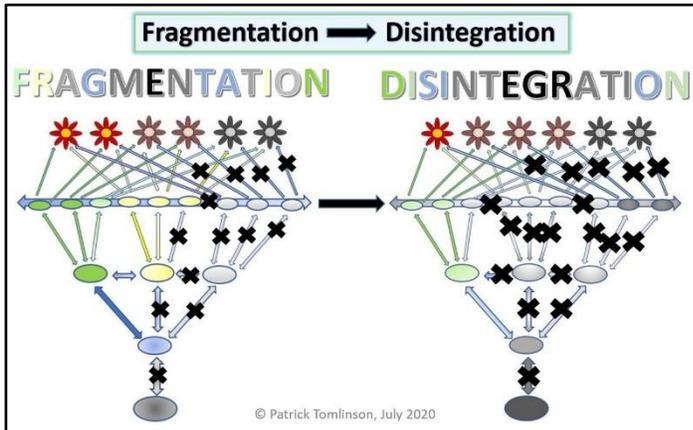


Often, a period of dysfunction is soon recovered from. As the saying goes, Crisis, what Crisis? Effective leadership and a strong culture can see many difficult periods through. However, it is also possible that things get worse. The next stage after dysfunction takes root is fragmentation. In this situation, the problems are becoming more entrenched. There are more **x's** and fading colors on the diagram.

Negativity is contagious in relationships, up and down, and sideways. The organization is fragmenting into parts that are no longer working together. This is a challenging and serious state that needs turning around. It is clear to see in these diagrams that individual and relational problems are mainly influenced by their position in the system. We cannot consider the functioning of one part without looking at its relationship with other parts. The same applies to all systems, from the human body/mind to organizations.

Characteristics of Fragmentation

1. A sense of crisis pervades the organization.
2. Escalating demoralization, tensions, disagreements, and conflicts.
3. Departments and individuals compete against each other. The sense of a shared mission is lost. Values are no longer being lived and may even be contradicted.
4. High levels of reactivity and blaming.
5. Breaches of trust. Boundaries are becoming unclear. A lack of transparency.
6. Clear crises, such as financial, serious errors, complaints, bad publicity, etc.
7. Absenteeism and turnover are increasing.
8. Questions over the quality of leadership.



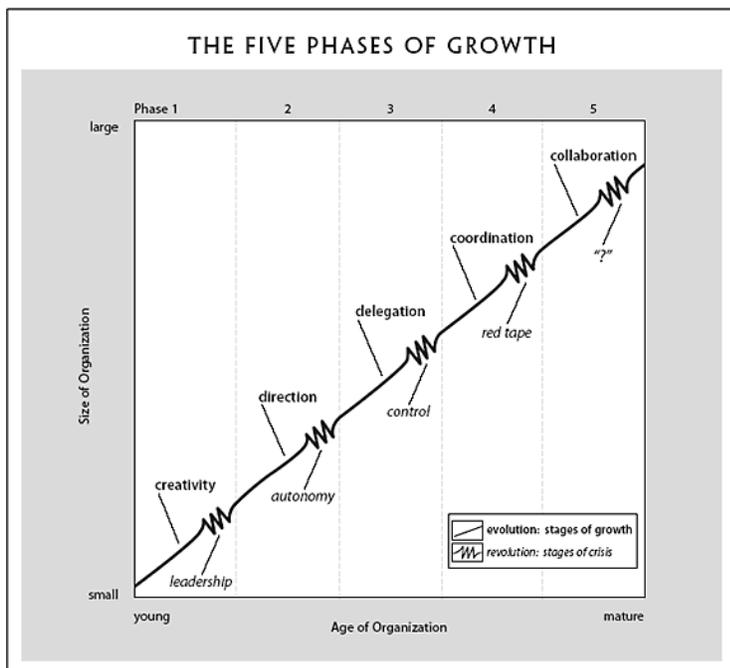
As with the previous stage, recovery can be made, with movement from fragmentation back towards integration. When this is happening, dysfunctional elements are identified and rectified. There will still be a vulnerability and potential for relapse.

If things do not improve, the next stage is disintegration. Here, the x's have taken over the organization. Signs of life

and healthy functioning are fast disappearing. Lanyado (1989, p.140), talking about a children's trauma service, says,

Disintegration is catching – and the staff are prone to it too. At times, staff may feel anxious that they, too, could collapse like a house of cards.

While the situation appears and can be ominous, we should keep in mind that in organizational life and growth, there are periods of crisis. Some of these are arbitrary, and others are a part of ordinary growth.



Larry Greiner (1972, 1998) has described five phases of organizational growth. The movement from one phase to another is a major change and is often experienced as a crisis. There is a challenge to the organization and a threat that it may not be able to evolve. This diagram shows the underlying issue of each crisis. Therefore, we should anticipate crises and not be too alarmed by them. The role of leadership is vital. Friedman (1999, p.19) argues,

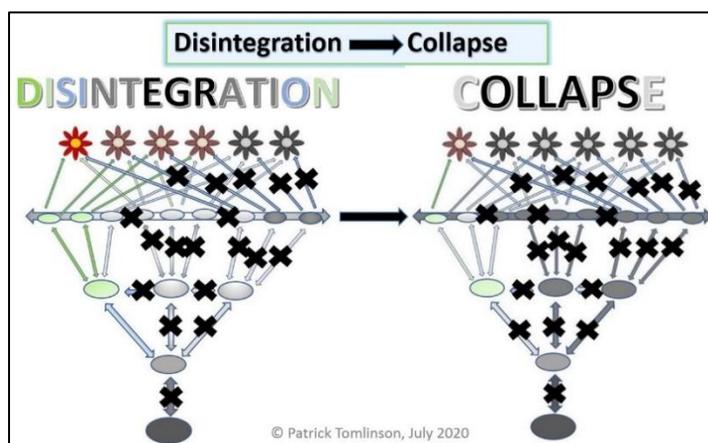
“For it is the integrity of the leader that promotes the integrity or prevents the “dis-integr-ation” of

the system he or she is leading.”

The extent of the difficulty during the crisis may depend upon the quality of leadership and culture, anticipation, and adaptation. Friedman (p.89) claims that the presence of a well-defined leader is the distinguishing factor in the process of recovery.

Characteristics of Disintegration

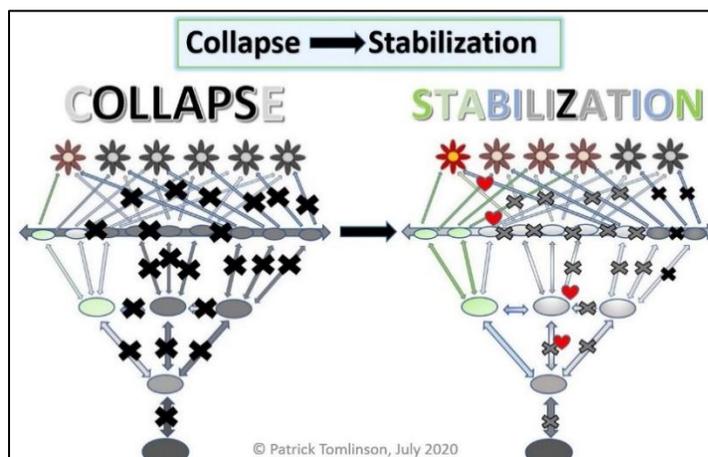
1. An atmosphere of severe crisis with all manner of problems escalating.
2. A complete loss of vision and mission. Survival feels like it has become the mission.
3. Blaming, scapegoating, and conflict are the norm. A lack of ownership.
4. Breakdown of trust, safety, and boundaries.
5. People may seem out of touch with reality.
6. Leaders, if they are surviving, are reactive.
7. A sense that nothing other than a radical, urgent change will keep the organization alive.



It is possible, as before, that the organization stabilizes and begins to recover. Maybe a huge difficulty has been resolved. Maybe a new troubleshooting leader has been appointed.

Unless something incredibly significant has changed, the likelihood is that the next stage will be to collapse and close. The reason for closure at the end could be financial or numerous other

reasons. Whatever it is, ultimately, it is a symptom of the failure to halt the downward spiral that may have begun a long time ago. The characteristics of collapse are simply a complete lack of function. While collapse may lead to closure, closure is not always due to collapse. Some organizations choose to close when they are still functioning reasonably well.



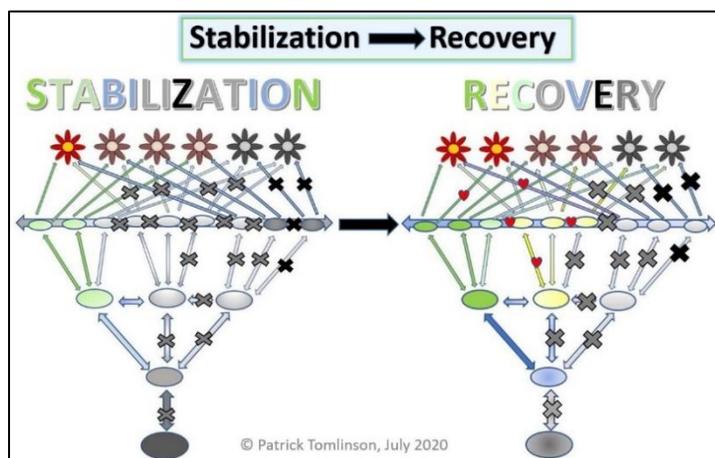
Even when it seems an organization is in collapse, there may still be a glimmer of hope and the possibility of recovery. This is symbolized in the collapse diagram by the light green oval and the few relational lines without an x. This is like a glowing ember where new life might take hold. However, for this ember to stay alight, there will need to be a life-saving change. Usually, this will begin in the form of a new leader, CEO, Director, etc.

A highly competent, self-differentiated leader may have a calming, self-regulating, stabilizing effect on the organization. Such a leader can be present amid emotional turmoil, actively

relating to key people while calmly maintaining a sense of direction. With this capacity, he or she can affect the whole system of relationships and reduce the level of anxiety in the organization network. This is most likely to happen when there is an adaptation to strength. One of the symptoms of a collapsing organization is an over-adaptation towards weakness. Boosting health and strengthening the organization's immune system may begin to see many problems (symptoms) self-correcting (Friedman, 1999, p.38, p.69).

Friedman (1991, p.194), referring to Murray Bowen's work, talks about a 'natural systems view of healing'. He argues that two fundamental principles of healing are that 'life moves to life' and that 'processes of maturation have their own time frame'. Therefore, in the organization's recovery, a focus on life rather than pathology will be vital. Time and patience are necessary to allow life forces to grow and develop.

In the stabilization diagram, the hearts symbolize recovering relationships and levels of functioning. Many of the relationships that seemed terminal appear to have steadied, symbolized by the lighter x's. As with the negative, positive states are also infectious and have influence up, down, and sideways in the organization. With stabilization, while performance indicators are not likely to be great, the slide will have been halted.

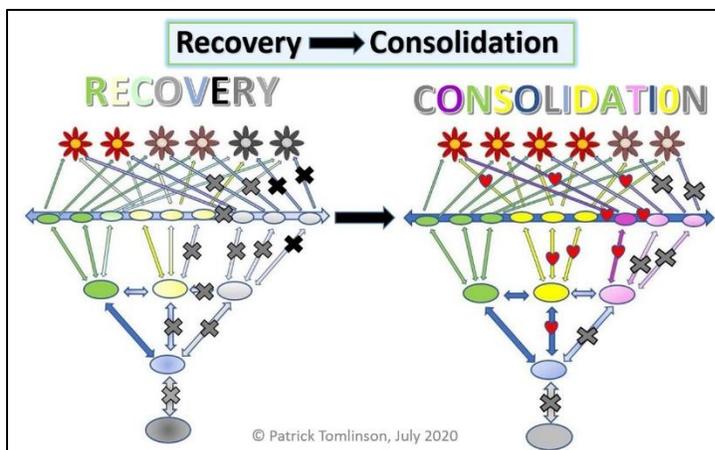


In the stage of stabilization, there will be strong vulnerability and fear that things might regress. An organization that has reached a position of near collapse and closure, to some extent, will resemble a traumatic state. Small setbacks in recovery may trigger previous levels of dysfunction.

In fact, some of the necessary positive changes may also trigger negative reactions. Getting out of such a state is

not easy. It takes time, patience, and resolve. There will be a lack of trust, especially toward leaders. A leader who begins to take a stand can expect to experience serious testing and sabotage. Friedman (1999) advises leaders to expect sabotage and argues that it is often a sign that he or she is doing the right things.

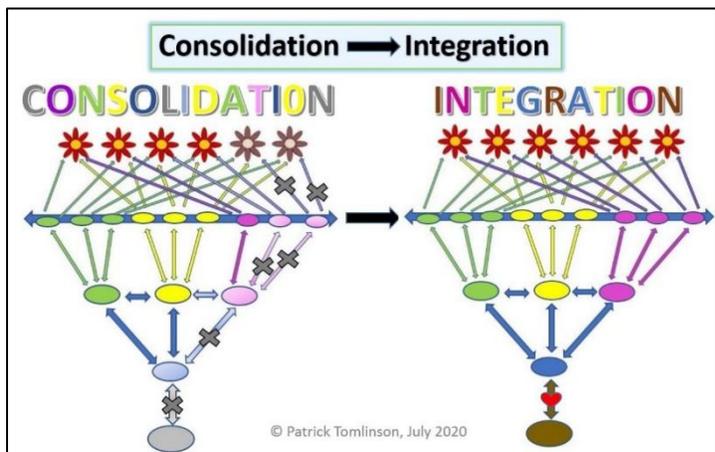
There may be many mini-crises as the organization moves from stabilization to recovery. At this point, growth begins to take off, and there is an increasing feeling of hope, along with signs of accomplishment. This can be seen in the diagram with the hearts, return of color, and areas of functioning.



At any of these points, there is always the possibility of setbacks, maybe sending the organization back in the negative direction. Sometimes, the initial period of recovery achieves some quick wins, only to uncover more entrenched difficulties. Consolidation may feel more like a marathon rather than a sprint.

However, as things begin to consolidate, the feeling that the

change is not a fluke and is here to stay will grow. Performance Indicators will begin to show consistent improvement. Problem areas are more likely to be worked on collaboratively. A continual focus on adaptation to strength will shift the culture. Most people will move in the direction of health. Those who cannot will either leave voluntarily or, on occasion, be removed through disciplinary procedures. In my experience, this has very rarely been necessary, but it does need to be made clear what is acceptable and what is not. In a recovering organization, this will always be needed, as in the previous decline, many examples of poor practice and standards will have become the norm. A culture change must be demonstrated.



The longer that the period of consolidation continues, the more likely it is that integration will be achieved. In the case of a recovering organization, there may be changes needed at this point to reflect a more stable ongoing situation.

In the new integration diagram, a healthy situation exists across the organization. The positive relationship between the Board and Director is

restored and symbolized by the heart. Performance Indicators are likely to show excellent results. In some ways, becoming an integrated, high-achieving organization can be even more satisfying when it has been a hard journey. Many adversities will have been overcome, and valuable lessons learned. Strong bonds will have been made. But as soon as evolution stops, stagnation sets in, and within that are the seeds of decline. A living system is in constant interaction with itself and its environment. Every interaction leads to some degree of change, however small. As said at the beginning, ongoing integration is never guaranteed, and continuous evolution will always be necessary.

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Patrick Tomlinson Brief Bio: The primary goal of Patrick's work is the development of people and organizations. Throughout his career, he has identified development as the driving force related to positive outcomes for everyone, service users, professionals, and organizations.

His experience spans from 1985 in the field of trauma and attachment-informed services. He began as a residential care worker in a therapeutic community for young people and has experience as a team leader, senior manager, Director, CEO, consultant, and mentor. He is the author/co-author/editor of numerous papers and books. He is a qualified clinician, strategic leader, and manager. Working in several countries, Patrick has helped develop therapeutic models that have gained national and international recognition. In 2008, he created Patrick Tomlinson Associates to provide services focused on development for people and organizations. The following services are provided,

- Therapeutic Model Development
- Developmental Mentoring, Consultancy, & Clinical Supervision
- Character Assessment & Selection Tool (CAST): for Personal & Professional Development, & Staff Selection
- Non-Executive Director

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