



**PATRICK TOMLINSON ASSOCIATES**

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

**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 to be 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 and has since been 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 many countries, he 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 and Clinical Supervision
- ✓ Personal and Professional Development Assessment for Staff Selection and Development

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“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 on-going 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 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 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. Just as attunement facilitates development, a chronic lack of attunement prevents connections 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, which is such an important indication of mental health is one that is 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 become 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, honoring 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 also 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).

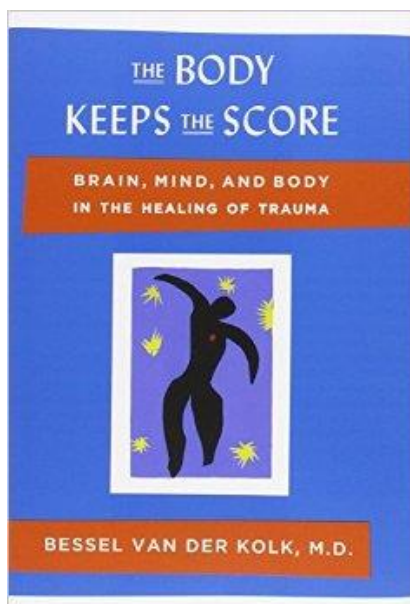
Among many negative impacts on the brain-body system, trauma interferes with the integration of left and right hemisphere brain functioning. Rational thought cannot be accessed in the face of overwhelming emotion. Emotional and social disconnection can begin a spiral that leads to further isolation and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

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

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 are quite different in terms of what is needed for recovery. If a person is traumatized, it is important to determine the point that recovery must begin from. 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 a 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 can be considered as safety, connection, and integration.

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