

these to inorganic industrialised systems would be more 'efficient' and cost-effective. This often draconian process — from Family to Factory — was often answered with protest, argument, and mounting evidence of its unpopularity, inefficiency, and damage. But such reforms, once rolled out, are very difficult to roll back.

The tragic portents of the consequently dispirited and sickening NHS workforce — wrought by its no-one-knows-anyone-but-just-do-as-you're-told culture — have been very evident well before the pummelling of COVID-19. But that ethos, in its zealed mission, blinded those who designed and managed it.

### NOW WE FACE THE POST-COVID-19 DENOUEMENT, WHAT WILL 'BUILDING BACK BETTER' MEAN?

It will be another extravagant folly to train and recruit a larger tranche of healthcarers if they do not want to stay with us, and for us, for a long working lifetime. And yet they are only likely to do this if their working milieu is one of greater belonging, trust, and satisfactions that can dovetail with personal vocation and identification ... as so often happened before our serial reforms.

How can an industrialised system, particularly one yoked to corporate and commercial interests, ever fulfil these conditions?

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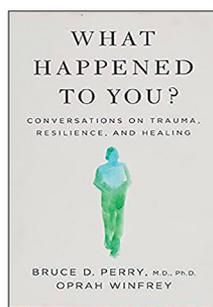
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### What Happened to You? Conversations on Trauma, Resilience, and Healing

Bruce D Perry and Oprah Winfrey

*Bluebird*, 2021, HB, 304pp, £13.39, 978-1529068467



#### EXPERIENCES OF ADVERSITY

Dr Bruce Perry is a leading neuroscientist and child psychiatrist based in the US, who researches the impacts of childhood trauma on children and adults. He wrote the best-selling book *The Boy Who Was Raised as a Dog: and Other Stories from a Child Psychiatrist's Notebook — What Traumatized Children Can Teach Us About Loss, Love, and Healing*. Here he teams up with Oprah Winfrey and the book is presented as a conversation between the authors, which makes it feel accessible to take on the emotional and, at times, technical content. Dr Perry's science and evidence-based approach will engage doctors, while Oprah's curiosity and storytelling helps to lighten the subject matter.

The main purpose of the book is to shift conversations away from 'what is wrong with you?' to 'what happened to you?' By understanding people's pasts, we can understand why some behaviours develop in adulthood. Children who have grown up in emotionally or physically neglectful environments have to adapt to cope and get their needs met. These behaviours can become maladaptive in later life, and negatively affect adult relationships and wellbeing. The book helps the reader to make the connection between current thinking/feeling/behaving and experiences in the past. As GPs we see the impact of these maladaptive behaviours, for example, patients struggling with difficult relationships, low self-esteem, anxiety, depression, addiction, low health motivation ... the list goes on.

Dr Perry explains the limitations of focusing

on Adverse Childhood Experience (ACE) tools. These tools were designed for population-level research and they are valid and useful in this context only. He explains that defining an event as traumatic depends on many variables including the timing, the specific event, the experience, and the effects, rather than an incomplete tick sheet of 'adversities'. We shouldn't give individuals a 'score' on the ACE tool even if a high 'score' increases the risk of many conditions in adulthood at a population level. It is more helpful to focus on the individual's experiences of adversity. Dr Perry also shares his cynicism about labelling people, services, or even countries as 'trauma informed.' It is impossible to become truly trauma informed from a workshop alone!

This book also helped me think about racism and how implicit bias can develop. How being from a minority group within a majority group is a traumatising experience in itself. Feeling 'other' can have lasting effects. Dr Perry talks about how trauma can pass through generations, even if this isn't a genetic change. He gives the example of black Americans 'inheriting' a fear of dogs from when they were used aggressively to attack civil rights marchers. Their children would detect the fright and develop their own fear, which they too can pass on to their children.

There is an explanation of self-harm too. People with a sensitive dissociative response to stress, due to previous trauma, can experience an opioid release when they cut themselves. It can even become addictive for this reason. Most people have developed their own ways of dissociating from stress, for example, exercise, reading, eating, alcohol. Obviously some ways are healthier than others. There is a discussion about resilience: how this can develop and be nurtured in children through small manageable episodes of psychological challenge. There is plenty of hope, with an explanation of post-traumatic wisdom and how people can have the capacity to heal from huge trauma. So many of the concepts within this book are relevant to the patients we see every day and are presented sensitively and accessibly.

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