

Episode 1: Healing Through Connection: Featuring Dr. Bruce Perry

Podcast transcript

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Robert Sege: Welcome to the HOPEful Conversations about Child Development podcast series. I'm Bob Sege, a pediatrician and director of the HOPE National Resource Center at Tufts Medicine.

Baraka Floyd: And I'm Baraka Floyd, a community pediatrician at Stanford and HOPE Facilitator and Champion. The Healthy Outcomes from Positive Experiences, or HOPE Framework, emphasizes the Building Blocks that children need to thrive: Relationships, environments, engagement, and emotional growth. In this podcast, we interview leaders in child health and development in order to learn more about how to support families in creating positive childhood experiences for their children. You can learn more about HOPE by visiting our website: positiveexperience.org.

Sege: To kick off our HOPEful Conversations podcast series, it is my pleasure to introduce our guest, the renowned psychiatrist Dr. Bruce Perry. His bestselling books about trauma and its effects on children introduced the concept of a neural developmental approach to understanding the effects of childhood trauma. His book, "The Boy who Was Raised as a Dog and Other Stories From a Child Psychiatrist Notebook" has become a classic. In 2021, he co-authored a bestseller with Oprah Winfrey called, "What Happened to you: Conversations on Trauma, Resilience and Healing." Bruce's work has introduced millions of people to the lifelong effects of childhood trauma and ways to help children recover. Bruce and I met when we were both on the board of Prevent Child Abuse America. We've had many opportunities to discuss the effects of childhood experience on lifelong health. Last summer, we had a chat about how best to incorporate an understanding of positive childhood experiences to complement our understanding of the effects of adversity. Bruce offered the terrific advice that HOPE create a podcast series built around conversations that dive into our understanding of how children's brains and psychological health respond to their experiences. Not only did I take Bruce up on his advice, but he was gracious enough to agree to be our guest on today's episode. Bruce, you've written books that describe how adult mental health is affected by childhood trauma. The HOPE National Resource Center focuses on the four kinds of experiences that children need to thrive: Relationships, environment, engagement, and emotional growth. I wonder if you can tell us a story about a child whose positive experiences help them with recovery from trauma.

Bruce Perry: Thanks, Bob and Baraka. It's nice to be here. I appreciate the opportunity for having a little bit of a conversation about this. Yeah, it's interesting. The only reason I've been able to kind of stay in this field without burning out is that I have so many wonderful stories about how children have come through terrible times with the help of other people and the attention and the care and the love of a parent, a coach, a grandparent. I think as a lot of people in medicine, when we first start studying anything, we kind of focus on the bad stuff. We focus on pathology. And so, when I started looking at the impact of experience on development, we were looking at the impact of bad experiences, negative experiences. One, for example, had really very little easily identifiable trauma in their history, but they

had lots of problems with attention and relationship into maintaining healthy relationships and all of the kind of classic things that you'd expect from developmental trauma. And then, there would be another child who had really incredibly terrible adversity, physical abuse, abandonment, neglect, multiple repetitive physical assaults. And that child would be doing better than the other child.

And I was like, what in the hell is going on here? Because it doesn't make sense if you're trying to sort of create this linear causality relationship between adverse experiences and outcomes. And quickly, what I started to do—and I would recommend anybody to do this—is I started to listen and learn about the history of the child. What's their story? Where'd you come from? How did this happen? And in the case of the child who had terrible adversity but was doing pretty well, he was doing well in school, he was better at forming relationships. He struggled, but it was nowhere near as much as this other child that I was working with. And what happened was, even though he had one parent who beat the hell out of him, who humiliated and did terrible things to him, he had another parent who was attentive, who was supportive, who was protective as much as she could be. And he also benefited from a tremendous community of connection in his neighborhood and in his classmates and in his after-school sports teams.

And it was at that point I realized that these relationships have protective effects. They're able to help buffer these terrible adversities and provide opportunities for healing. And from that point forward, rather than just simply measuring ACEs, or adversity, and then looking at mental health functioning or whatever we're looking at, we started to look at the presence of positive experiences, predominantly relationally mediated positive experience, connection to family, to community, to culture, and looked at how they counterbalanced all these adversities. And, as we looked at this in a really systematic way, one of the things that we found that's very powerful, and I think not well appreciated, was that the history of relational connectedness was a better predictor of current function than their history of adversity. And certainly now if you kind of just scan through social media and the literature, people are focusing a ton on ACEs and adversity, and not as much on this other part of the scale. And I think that that needs to be changed. And that's one of the reasons I think the work you guys are doing is so important.

Floyd: Thanks so much, Bruce. So what I heard in the story that you just shared is really that this attentive supportive parent of our relationship building block and then having an after-school program, community, supportive school community, really helped kind of counterbalance and help this child recover from the trauma that they were experiencing in their home. Bruce, I'm curious what happens when children miss opportunities for positive childhood experiences, because I'm hearing that they're really important in helping promote recovery and long-term health.

Perry: Yep. You know, that's actually an area that we're very focused on and concerned about. And it's essentially we kind of refer to it as relational poverty. That we're seeing in the last 40 years, a tremendous shift in the relational opportunities that all children are having. There's more screen time, there's more dilution of the ratio between teacher and student, there's a lot more transience in neighborhoods. And again, one of the dilemmas we're struggling with is that more and more people are having experiences of social isolation, loneliness. They're not connected to a community of faith, they're not connected to culture, they're not connected to their extended family.

And what we've found, and this we've looked at over 200,000 individuals now: When you look at a person's developmental history and you find people that don't have that much adversity, you know, it's not a whole bunch of bad stuff developmentally. But if they have relational poverty growing up, their risk for all of these bad outcomes are the same as if they had a tremendous number of adversities. So,

what we're finding is that if you don't have relational connectedness, you are at tremendous risk for social problems, mental health issues, and I think physical health problems as well. And I think this, again, this is something that the World Health Organization has identified as a key issue. It's something that our previous Surgeon General wrote a whole book about—about loneliness. And it's something that we have to figure out because our modern world, we have all these new remarkable things, the technologies we have and ways to kind of create new exciting communities and ways to do transportation and ways to do work virtually.

What we haven't figured out really is, and or really yet solved the problem around, is that a lot of these things actually are exacerbating that relational poverty. And I think that the first step towards solving that is actually being much more aware of it. And again, I think that's one of the things that you guys are doing that's so important, is when you point out how important after-school programs are, all of these positive things, you know, positive childhood experiences, almost all of them can be connected to relational connectedness in some way. And I think that that's something that once we sort are more aware of it, you know, human beings are good problem solvers, but I think right now not enough people are as appreciative of this as they should be.

Floyd: Bruce, it's so interesting that you are talking about relational poverty in a space where people feel that they're so connected because of technology, allowing them to connect to others from different areas, different cultures, and different identities. And I think it's fascinating that though we have all of this technology to connect us, it's really, it sounds like that interpersonal in-person connection is really what's missing.

Perry: What I will say about that, is that I actually love these new technologies in many ways. I mean, we're able to do things that are pretty cool. You know, we'll have a kid in isolated parts of northern Canada who we can problem solve with a pediatrician in New Orleans and a child psychiatrist in Texas, and we can get an occupational therapist from Arizona, and they can all problem solve and help this child. But, what we do know about these virtual communication things is different parts of the brain are activated, and are involved in Zoom interactions compared to in-person interactions. And particularly for a developing child, the parts of our brain involved in reading and responding to other people, the parts of our brain involved in forming and maintaining healthy empathic relationships requires repetition with real experiences with real people, with real conflict, with real solution. Kids playing a spontaneous pickup game, making their own rules and compromising about what, you know, you're a lot bigger than me. So when you hit that far, that's a ground rule double. But when I hit it that far, it's a home run, right? That kind interpersonal negotiation you can't do as easily virtually. And I think you can't get the same neurobiological impact.

Sege: Bruce, I love what you're saying. And just to have a comment first, I love the concept of relational poverty because, in my work, I've had the privilege of taking care of patients who are wealthier than me and patients who don't have two nickels to rub together. And I think relational poverty is different than material poverty. And it's really important to think about that because I think all across society and the factors that you mentioned really contribute to that. Because I just want to add, because you know me, I do public health stuff and I'm kind of a nerd. Just two studies that I really loved, the Chicago Neighborhood Study, showed that they had these people, they had research assistants looking at city squares and playgrounds and watching what happened. And the children did better in communities where people who were not blood relatives of them yelled at them when they misbehaved. I thought that was like such a classic thing. And another work, Judy Langford and her colleagues at the Center for Study of Social Policy were trying to identify markers for high-quality childcare. And you know that there are all these things you can look at and checklists. What they

ended up finding is that they opened a closet door and there were full-size chairs so adults could come and participate in some way. That was a marker. There were enough adult participation they had to buy folding chairs. That was a good thing. And I love those little markers because that's all about the interrelationship, what you call the relational richness that goes on and supports kids. And they're not things that you can actually—they just happen organically in those environments.

Floyd: Bob, the other thing that makes me think about, is the fact that when we look at it that way, it really gives people an opportunity to engage in a way that's organic, like you're saying. Right. And it doesn't feel so heavy when we're asking people to solve a problem for a family or solve a problem for a child. That feels like a big ask, but when it's really being a part of a community, building a relationship with the child and simply saying, "No, please don't run in the street. I don't want you to get hit by a car," that's different. Like, that's just being part of a community. And I think it gives an opportunity for everyone to contribute to the relational richness for each child and for the children in that space.

Perry: Yeah. You know, we use a term called the power of proximity. And really what that is referring to is that if you just put people in the same space, there will be this natural process that begins to evolve that is ultimately good for everybody. And some of my favorite examples have to do with co-housing or just putting in proximity a retirement population with an early childhood population. And when those are co-housed, all kinds of relational things start to happen that are good for the children and good for the retired population as well. And I think that that's one of the reasons that, you know, somewhat counterintuitive way, I think that things like urban planning are some of the most important things that you can do when you're thinking about population health.

And again, a study, you know, being a nerd, one of my favorite studies about that is this study about the housing projects in Chicago. There were three big Cabrini Green, these big 20-story towers. And one of the things that they did is they went into one of the projects and created a little garden and a playground and put some benches up for people to sit on. And in that tower alone, not other towers, the violence and violent crime plummeted by 30% and stayed that way. And they tried—like again they tried to figure this out. And a lot of it was basically it was the power of proximity. People got to know each other, people got to see each other's faces, people were greeting each other, people were nodding to each other. And there's this tremendous power, there's this neurobiological pull to belong and to be connected. And it really has physiological consequences that are important. And I really think that again as we think as all the different folks trying to solve these problems, I really do think that what you guys are talking about in terms of recognizing how important positive experiences are and how do you create, how do you increase the probability that there will be a positive experience? Well, the power of proximity is part of that. We have to put people together.

Sege: Yeah. Bruce, I love the story you just told about Cabrini Green. And I think that when we talk about HOPE, one of our Building Blocks is environment. So children have places to live, learn and play. And you described a really simple environmental change in one part of Cabrini Green that led to this richness of interaction. And I think as we go around the country and speak with so many people who are working, that sort of solution is really inspiring because that's not a multi-billion dollar thing that has to be allocated by the President and Congress. That's a tweak that can be done because people love their children and as you said, when we interact with each other and we end up developing affiliations, those little things really matter. And I just want to thank you and thank you for this session on your work. I want to invite our listeners to stay tuned. We're going to have another session also with Dr. Bruce Perry and Dr. Baraka Floyd and myself. And we're going to move to practical advice for people who care for children and their families. And Bruce, thank you again for this first installment of our conversations with you.



Perry: Pleasure.

Sege: The HOPEful Conversations about Child Development podcast was produced by Kris Markman and Patricia Reyes at the Tufts Clinical and Translational Science Institute. Funding for this podcast was provided by the Freedom Together Foundation. For more information, a transcript and resources related to today's HOPEful conversation, please visit us at positiveexperience.org or follow us on LinkedIn.