

CHESHVAN

“Turning Gold into Lead”

The Adverse Childhood Experiences Study: A Generational View of Wellness

by Dr. Barbara Levin

The month of Cheshvan provides a break in the complexity of the Jewish calendar. After a full month of celebration and hubbub, Cheshvan is a month without holidays; it allows for in-depth examination of a significant health problem facing society today. A new area of research focuses on how children’s early life experiences have an impact on their health as adults.

The importance of heredity on physical health has been well understood for more than a century; for Jews of various ethnic groups, the genetic basis of certain diseases is quite important. Diseases such as hypertension, heart disease, cholesterol problems, diabetes, and cancer all have components that are based on heredity and cultural backgrounds. Sometimes what people eat and how they use their time affect health outcomes as much as actual gene structure. In a way, the problem of heredity and disease is a redefinition of the ancient warning, “the sins of the fathers will be visited on the children for generations.”

Only recently has the importance of adverse childhood experiences on both mental and physical health of adults been documented. The work by Dr. Vincent Felitti and the Center for Disease Control has shown the relationship between adverse childhood experiences and adult health. The Adverse Childhood Experiences (ACE) study documents the impact of ten different negative events that children might encounter. These include three major categories of disturbance: abuse, neglect or severe household dysfunction such as the loss of a parent.

The researchers surveyed 17,000 regular primary care patients at Kaiser Permanente in San Diego, California, and found that 60 percent had two or more of these occurrences and 15 percent had four or more. They applied a score based on this number. Felitti’s paper is called “Gold into Lead” as he describes the subtle but powerful impact that these life experiences have on children. Subsequent research has found that people who are overweight, smoke, drink alcohol to excess, have hypertension, and have certain types of mental health disorders have higher scores than those without these past experiences. Patterns laid down in childhood, examples set, and direct impact of extreme stress have a strong effect on the developing brain that persist throughout life.

These studies highlight the growing sense that behavioral concerns must be addressed earlier in the life cycle, by identifying children and youth at risk through improved screening and appropriate treatment. The growing crisis of adolescent suicide and increasing use of psychoactive medication for children add to this concern. It is essential that we approach these issues as a public health problem facing every community. All major pediatric and public health groups now recommend screening and early intervention, but the health care community alone cannot resolve these problems. The role of families in determining these outcomes is the consistent factor.



Traditionally Jews value fairness, but there seems to be something inherently unfair that children -innocent as they are - should be punished for their parents' transgressions. Commenting on these verses in his book, *Sound and Scripture*, Joshua Gettinger, a family physician and an avid Torah reader, writes:

“Objecting to the principle that the sins of parents are visited on their children is objecting to the nature of the world, and simple logical consequences. The daily reminders in my medical practice are painful. My child patients who grow up in homes that are abusive, or homes where the parents are involved with alcohol or drugs face daunting life problems, and some will not recover. The worst feeling is the knowledge that some of these little victims will grow up to be victimizers themselves. Three or four generations? Some families seem locked in destructive patterns well beyond that time frame. Of course some individuals will transcend these problems and put their lives together.”

Overcoming adverse early life experiences requires resilience. Within this statement lies the value of the ACE study. Being aware of one's genetic background does not doom one to the disease, whether it is diabetes or breast cancer. Such information is the beginning of an action plan. So, too, with awareness of one's ACE score; higher scores require personal vigilance and care in avoiding certain pitfalls of personally destructive behavior. Beyond the obvious choices to exercise and not to smoke, there are activities which help the development of personal resilience. This will be the topic of next month's discussion.

The value of prayer, personal contemplation, journaling, and goal setting is not to be dismissed in this discussion. As it says in Psalm 147: Praise the LORD. How good it is to sing praises to our God, how pleasant and fitting to praise Him! The LORD builds up Jerusalem; He gathers the exiles of Israel. He heals the broken of spirit and binds up their wounds. He determines the number of the stars and calls them each by name.

In our liturgy, before we Jews contemplate the grandeur of God, we pay homage to *zokef kefufim* (God the Healer) who “makes straight those who are bent over.”

In reviewing the information from the ACE study and considering the magnitude of children's behavioral health concerns, remember the many ways that one individual has to affect significant change: as a mother, wife, friend, community person, teacher, professional, and determined volunteer.