

Giftedness: How does it work with Sensitivities, learning disabilities, and disorders?

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Abstract: *There is a widespread opinion that gifted children – as well as gifted adults – have an over-sensitive, fragile, even vulnerable personality. This opinion is to be found both in the case study literature of gifted and creative people in all areas, among the general population, and also among gifted people who tend to explain their emotional, social and familial difficulties as a result – sometimes inevitable – of their exceptional cognitive abilities or their extremely high level of creativity. This paper aims to find out whether this opinion suits the clinical findings –both as informed by the literature and in my clinic. As expected, the results are quite mixed. Indeed, many highly gifted people have a fragile personality that might cause malfunctioning. On the other hand, many individuals with exceptional abilities, extra-ordinary achievements and proven achievements lead a “normal” family, social and emotional life. My conclusion is that in addition to individual characteristics of each and every child, gifted or not, with or without disabilities, the influence of giftedness on any child’s wellbeing is substantially influenced by the support this child gets from school, home and the social environment he is exposed to. However, there is a large difference between a gifted child with a learning disability and a child who suffers from an emotional problem, whether caused by a disability or not. I will hereby give some examples of children belonging to both groups. In a series of case studies of highly gifted children with a variety of problems, I will confirm the assumption that giftedness per se is not directly related to emotional difficulties, but rather connected to it in many cases. There are many risk factors that contribute to the possibility of a gifted child to be prone to emotional problem; among them are creativity, non-conformity, and even being female, especially in traditional society. The article suggests a few steps aimed to help gifted children to overcome learning disabilities, as well as emotional problems.*

Keywords: Giftedness. Gifted children, Sensitivities, learning disabilities, emotional problems, disorders.

Introduction

The question: do gifted children suffer more than non-gifted from learning disabilities, emotional problems and disorders is interesting and challenging. It has been discussed quite often in professional literature (for example: Mendaglio, 1995; Neihart, 1999; Probst, 2007;

Roedell, 1984, 1986) and asked frequently by parents of gifted children in a variety of contexts. Unfortunately, an unambiguous answer has not been, and probably will not be found to it. The main reason is that there is no “absolute” definition for giftedness – I, for example, am familiar with about 30 definitions. Thus, even when assuming that it is possible to define one-by-one all existing disorders, learning disabilities and illnesses, the inability of giving an absolute definition of giftedness makes it impossible to quantify the incidence of these problems among the gifted. This difficulty is apparently the main cause of the completely opposite conclusions of two of the greatest giftedness researchers regarding this issue: Terman and Hollingworth, as found in the study of Grossberg, & Cornell (1988).

There is a widespread opinion that gifted children – as well as gifted adults – have an over-sensitive, fragile, even vulnerable personality. This opinion is to be found both in the case study literature of gifted and creative people in all areas, among the general population, and also among gifted people who tend to explain their emotional, social and familial difficulties as a result – sometimes inevitable – of their exceptional cognitive abilities or their extremely high level of creativity. As giftedness has a substantial genetic component, is it quite likely that the children of these individuals will also be gifted and thus it is understandable that there is expectation that they also will experience a variety of emotional difficulties. Whether this is self-fulfilling prophecy, or the main problem stems from the parents’ negative experiences – the result must be taken into consideration, namely the fact that many gifted people have a fragile personality causing, quite frequently, malfunctioning. By no means “things should be” this way, but on the other hand – we must not ignore the existence of individuals with exceptional abilities, extra-ordinary achievements and proven success in many fields – except in the “inner” world, namely, in the social and familial domains, neither in everyday life.

However, there are quantitative studies, some are both interesting and important that give direct or indirect answers to the question of the mental health of the gifted. The largest longitudinal study – continuing for almost 100 years – is the Terman Studies of the Gifted, or, as originally called: The Genetic Studies of Genius. It started in the beginning of the 20th century in California, with ~1500 children, and continued for many decades well after Terman’s death (in 1956) by his co-researchers and followers (e.g. Janos, 1987; Terman, 1925, 1959; Terman & Oden, 1935, 1947). These studies showed that gifted children were, throughout their lives, healthier, got married earlier, stayed married to the same partners for longer periods of time, had longer life expectancy and their quality of life was better than that of their non-gifted peers in all measurable aspects.

The main critique on this longitudinal study has been that it did not take into consideration a basic fact: the “Termites” were but a comparatively small group of children from California, who enjoyed much better basic conditions than most of their age-group children. Their parents were much better well-off, better educated and worked in much more prestigious professions. They also learnt in better schools, they all were city children in the time when access to health, education, technology etc. facilities were quite limited for rural populations.

In addition, no child with learning or any other kind of disability was included in the Termites sample. As is very well known for many decades, there is a high percentage of gifted children with all kinds of disabilities, and in many cases, especially when untreated, these disabilities and childhood emotional issues predict future serious problems. Thus the fact that the chosen group did not include children with visible psychological or neurological problems made the results, regarding all the physical and mental advantages of the sample's members biased.

It should also be mentioned that the prediction of future cognitive accomplishments of the Termites was far from being accurate. While not even one of the Californian children aged 6-12 chosen in 1916 as a part of the "genius" group had won the Nobel Prize, two of the children rejected by the team that selected the sample did:

We also know that two children who were tested but *didn't* make the cut -- William Shockley and Luis Alvarez -- went on to win the Nobel Prize in Physics. [...], none of the Terman kids ever won a Nobel or Pulitzer (Mitchell, 2000).

The work of Martin et al. (2010): "Mental disorders among gifted and non-gifted youth: A selected review of the epidemiologic literature" is labelled "a [selected] review" rather than "study" or "research" as the authors realized that there was no way to conduct meta-analysis of this subject because of two main reasons. 1. Almost all studies examining the frequency of sensitivities, disorders, and illnesses among the gifted did not conduct a scientific comparison among same age, same sex, same socio-economic etc. non-gifted, and thus it was not possible to conclude whether the numbers or the percentages of their occurrence among the gifted was higher or lower than in the general population. 2. There is no "one definition" for giftedness, so children defined as "gifted" in one study were not necessarily defined as such in another. No wonder some of the main conclusions of the Martin et al. (ibid) study are:

Future studies addressing the mental health of gifted youth would benefit from examining large, population-based cohorts or groups of individuals. Ideally, studies designed to examine whether gifted youth are at higher or lower risk for mental or emotional problems compared with their nongifted peers would include a sample of gifted and nongifted youth who are assessed at the same time, with the same mental health measures, using the same methods, by the same study team. In addition, more diverse and representative samples would allow researchers to account for the effects of gender, age, and parental psychopathology, which may be related to both giftedness and mental health outcomes. (ibid, p. 38)

What are the connections between giftedness and learning disabilities, disorders and illnesses?

The most important thing that can be concluded from all case- and quantitative studies regarding any potential connections between giftedness and learning disorders, diseases and

illnesses is that no finding should stand in the way of our main challenge. We must treat each child as if he or she were the most important thing for us; check all possible ways to help her or him, find out as much as is possible about his or her personality, wishes, preferences, etc. as about the problem he or she suffers from, and come to conclusions that will allow us recommend the most suitable intervention for her or him. Indeed, the parents who seek help want to know whether “the child suffers because of being gifted”, or “is there a connection between the child’s disorder and her giftedness”. Such questions, as important as they are, and furthermore – as problematic for the parents they might be – will not give us any clue for helping the child. Sometimes the parents’ questions will have a different focus, such as: “is it true that being diagnosed as having Asperger’s Syndrome is a gift my son has been given?” or: “I am very grateful for the ADHD of my son, I have read that many great people who were very creative and successful had it. Thus, why should I even consider drug him with Ritalin? I came to you so that you help me make his teacher understand that she should be grateful of having him in his class rather than have endless complains against him”. In such cases, the only way to go on is avoid any confrontations.

Succeeding in explaining the parent that her child has indeed a disability that limits and disturbs her or him, without making her or him understand that they should do anything within their power to help the child overcome the difficulties is but a Pyrrhic victory. Furthermore: it happens quite often that when parents are given the name of the disability along with some explanations about it, their reaction would be: “if the child has X – there is nothing to do”. The psychiatrist and the psychologist must know what the child has; a good therapist would know it a long time before the “official” diagnosis and thus will be able to start treating it even when there is no diagnosis. In many cases the improvement in the child’s condition as a result of the treatment will make it possible for the therapist to have the child officially diagnosed without being encountered by resistance or worse – refusal to have the child treated at all.

Here is a vignette that describes a combination of medical and psychological treatment tailored according to the child’s needs.

Treating the child’s disability as a springboard to the child’s maturation

Dave is grade 8 student aged 11: he started school before the age of 6 and skipped two classes. He was diagnosed as having ADHD at age 8; it was recommended that he took Ritalin on a regular basis. However, as this diagnosis was done a few weeks after he started treatment with me I already knew that he was mature enough to be responsible of his Ritalin taking. And indeed, since then Dave’s Ritalin pills have been stored in an open kitchen shelf, and he has been having free access to them. I have asked him recently: “how many times did you take Ritalin last week”? He wrinkled his forehead for a moment and then smiled and said: “zero”. Indeed, when Dave returns home late after an intensive day, full of extra-curricular activities, he sometimes finds it hard to “pick himself up” in order to finish a school assignments or rehearse for an examination, so he chooses “to take a Ritalin pill and

finish my task in half an hour so I can go to sleep”. But this does not happen very often – almost never more than 4 times in a month.

Dave is not an “ordinary” teenager: though his chronological age is 11 he conducts a full social life with adolescents who are about 3 years older than him. Not only is he extremely bright and emotionally very ripe – both socially and mentally – he is very tall and broad-shouldered, wearing shoes size 12.5!

According to him: “I learn nothing in school”. But he is already a real scholar: he is a keen reader both in Hebrew and English and takes as much science and math classes as he has access to (e.g. at the Tel Aviv and Bar Ilan Universities, the Weitzman Institute of Science, etc.). Right after we started the intervention process with me, before he was 8 and before he first skipped any class, he already knew that in addition of the law of compulsory education that made it impossible not to go to school, he actually needed school in order to “practice socialization with same-age children”. Since then he has no educational expectations from school and thus suffers no disappointments because of lack of learning there. Dave is also doing a lot of high level sport which contributes both to his social connections and his physical wellbeing, in addition to his ADHD. He defines his swimming group as “a place for physical training and getting rid of extra energy, getting better by constant exercising while practicing conversations with other children”. “Unlike as was in the past”, he says, “when I had to make conversation with small children, children I had nothing in common with, now I am in the right place”. While many of his class mates with ADHD stopped taking Ritalin, as happens quite often during adolescence (see, for example, Boorady, 2012; Sim et al., 2004; Sherman, [na]), Dave does not even consider it but continues in the routine he started at age 8: take Ritalin whenever he feels the necessity.

Sensitivities among the gifted: From mental to sensual

Noise is an important component causing maladaptation of many gifted children – starting already in kindergarten and continuing throughout all educational levels. Furthermore: when the child is younger her or his ability to overcome the noise problem is much more limited, as it is very difficult and time-consuming to learn how to regulate one’s sensations. If the child is smart, teaching her or him how to do that might begin at a younger age, but first of all the feeling the child expresses regarding the difficulties, e.g. “it is too noisy” or “I do not wish to be there/here, it is too noisy” should be both respected and taken into consideration. Sentences such as: “you will finally get used to it” or “if everybody enjoys it you should enjoy it too” should never be said.

Sensitivity to noise is one of the most difficult-to-explain, to deal with and to self-regulate sensory problems. Let us take, for example, sensitivity to taste and/or smell. Such sensitivities are, in many cases, easier to handle, at least partially, by abstention. If the child does not eat what she or he does not like or cannot smell, the adults responsible of the child’s well-being will not take them to places where such foods are served or such smells are felt.

The Israeli law of compulsory education, starting in the 2015/2016 school year at age 3 (Compulsory education from age 3, 2015) and thus making a world record of 15 years of compulsory education (Compulsory education in Europe, 2014/15), will make it impossible to help so very young children have control over sensual problems (hypo-sensitivities as well as over-sensitivities). As a result, the child who is sensitive to noise will start his “compulsory suffering” at age 3 rather than 5, as noise is one of the most common characteristics of the Israeli school (e.g. Yair & Peleg-Fadida, 2013).

Two vignettes: Girls who are hyper-sensitive to noise

5-year old Michelle came to me because of a problem related to noise: she refused to go to kindergarten. Michelle looked, when we first met, younger than her chronological age, she was both short and skinny, with delicate face features and brown, clever eyes. Her parents felt there was no other possibility but send her to school against her will; they also noticed their child became more apathetic every day.

Soon it became obvious to me that Michelle was considered, both by the kindergarten teacher and her peers, a sociable, cooperative girl. The fact that she could already read fluently helped the teacher a great deal, as her peers became used to ask her to read aloud for them, and she almost always complied. She was also very talented in fine motor skills, and thus helped her peers in their drawings, cuttings, shoe-lacing, etc. She got the label of “the teacher’s right hand”, which meant she was in charge of “putting things in order” after each activity, collecting the materials before the meals and spreading them again whenever needed, and making sure the kindergarten looked “neat enough” at the end of the day. The situation when a talented and well-behaved girl becomes the “teacher’s-aid” is well documented (see, for example, David, 2010, 2013a, 2014a) and this role is one of the frequent “punishments” for being gifted (Zorman & David, 2000).

When I first met Michel’s parents, I told them they should have considered homeschooling which they finally did. All trials to reduce the level of noise their daughter was exposed to failed, so they filled the Ministry of Education homeschooling forms and their request was accepted.¹ From the moment she stopped attending school she became much more open, warm, self-confident and cooperative. Every week she added new subjects of interest – both cognitive and creative – to her already huge “reservoir”. She started participating in high level ballet classes and excelled in it. She enlarged the list of subjects of her reading, and also started learning mathematics using school’s booklets; by the end of the year she already covered the booklets of grades 1-3! Her parents knew that the Ministry of Education “homeschooling permit” was valid only until the end of grade 1, but they did not worry about it. They were happy they “got their child back”: “the happy girl turned first into a depressed, appetite-less, pale one, and now we got the old happy girl back” they summarized.

¹ In Israel, it is essential, while filling these forms, to emphasize the family’s belief in homeschooling, along with providing as much detailed information as possible regarding the exact ways the family is going to deal with the education of the child (e.g. details about the subjects of learning; names of potential teachers and their academic titles, extra-curricular activities, etc.).

When I met Tali, she was already 8, a second grade student. She came to me because of the same problem: refusal to go to school. Soon I learnt that in her 36-student class there were, on a regular basis, 4 assistants to the school teachers! According to the Israeli law, children aged 3+ learning in a recognized educational institute are entitled to the help of an assistant if they were diagnosed as having CP and/or they are physically handicapped; are blind or suffer from severe seeing disability, have autism or Asperger's, are moderately retarded, suffer from a mental disorder, or have a rare disease (ALL Right, 2015). In 2012/3 about half of special education children in pre-school were integrated in regular classes (CBS, Statistical abstracts of Israel, 2014, table 8.6), while in elementary school this rate was about 70%! (ibid, table 8.15). Thus, though the probability of having 4 special education students integrated in one regular class is not very high, it is not negligible. However, the noise that all these people caused was far too much for Tali. During breaks, when she could have enjoy the break silence around her, she was not allowed to stay in and was asked, according to the school's laws, "to go out, to enjoy like everybody else". But this "enjoying" was much worse than learning time: yelling, quarrelling, pushing, physical collisions among the children, interfering of teachers in the endless arguments of the children and non-stop preaching about "how to behave".

After 6 weeks of intervention came the "David's Jump" (David, 2015a): Tali told me that she "did not want to go to school every day, and if I did not maybe it would not be so bad". The next meeting was in the form of negotiation, when Tali's parents heard from her, for the first time, about her wish to stay home once a week. They came to an agreement that Tali would not go to school on Wednesdays, when the main teacher was not in and the noise reached its peak because of discipline problems. It was still very difficult for Tali but realizing that her problem was recognized and partially taken care of made her less miserable and more able to suffer on the other 5 weekly days at school.

At the end of the school year, Tali was informed that she was accepted to the enrichment program for the gifted, taken place every Monday, in her hometown. In addition to missing Mondays at school Tali's parents took my advice and re-scheduled her meetings with me so we started meeting on Thursday mornings, and Tali skipped school on Thursdays as well – the free day of the class teacher at grade 3. As a result Tali had two days of every day for what she called "real" learning: learning both cognitive and emotional new things and practicing them. The most important thing Tali learnt was handle her over-sensitivity to noise by self-regulation. For example: when she knew about an extremely noisy event, such as sport competition against another school, she made sure, ahead of time, to change her "day off" so that she did not go to school on the competition day. She started, at her own initiative to attend birthday parties of her school-mates, making sure her mobile was with her and her parents were available for picking her up back home in case the noise was unbearable. She even found a partial solution to the class noise: when it was beyond her powers to stand it, she started hamming a melody, knowing nobody was able to hear it, while it helped her concentrate in her own music and suffer less from the outer noises. Every time she mastered

another techniques of “reducing the exposure to noise” she started learning a new one – based on abstention, self-regulation or both.

This emotional availability made it possible for Tali to develop her very impressive cognitive abilities. She started writing stories, and in a few months completed a 100-page booklet she produced herself: from typing to binding; both her family members and her best friend got copies of it. The compliments she received fuelled her future writing, and her next step was try to publish in a children’s paper. In addition she started participating in an art class where she excelled both in drawing and sculpturing. She summarized her new situation as: “noise still bothers me, but does not control me anymore”.

Two vignettes: Children with hypo-sensitivity to touching

Josh met me for the first time at age 7. During the intake meeting (see, for example, David, 2013b) the parents did not tell me anything about the child’s social difficulties. They did tell me about his very high math abilities, giving many impressive example, and also about his tendency to rub out the walls until his fingers were bleeding. They also mentioned violent behavior towards his younger sister. From my experience when parents complain about siblings’ problems it is better to concentrate first on issues that can be improved without involving the sibling mentioned, so I advised the parents to wait a little and assured them that when the child’s situation improves his relationship with his sister will also become better.

When I got to meet Josh I realized, right after a few minutes, that he suffered from a communication disorder that was by no means mentioned by the parents. At that point I had a choice between telling the parents I was not able to start the intervention with the child as he needed more than one meeting per week, which was what we decided about, or just do whatever I could for him. I opted for the second possibility, as I realized that the parents came to me because they did not want to admit that their son had such a serious problem and they preferred to pretend it was because of the child’s giftedness. As it turned out I was right.

For almost a year, I met the boy on a weekly basis and the parents every other week. Though the parents were satisfied I was not, as I knew Josh needed at least 4 meeting a week and was entitled to get such treatments free had his parents taken him for diagnosis (according to the Israeli health insurance laws). But I was afraid to mention it to the parents. They kept on hiding from me the incidence of anti-social incidents – in many cases I heard about them from the child but I knew I was not aware of everything that was relevant to the boy’s situation.

As the parents continued to complain about Josh’s violence against his sister I was hoping that this might be a clue to approaching them. Thus I finally decided to speak with them directly about the future of his treatment. I started the conversation by suggesting that they should take the child for full diagnosis, saying that “there is a possibility that the results will prove that Josh is eligible for free public treatment”. As I had feared for a long time – the

reaction was: “Do you say that he has PDD?” I answered: “I only said he needed being diagnosed, you were the one mentioning PDD”. The answer was: So our ways part from now on. We shall bring our son to you once more, just to say goodbye”. And that was how it ended.

Benny’s parents came to me after the school counselor asked them to find out why their son was always getting wounded, and how came a boy so smart and well-behaved gets into fights with children that complain he is violent. As I already suspected during my meeting with the parents, I found that 6-year old Benny needed badly to be touched in a rough way, he needed to feel the person or the object he touched tight, strong, even rubbed against the skin. Quite often he arrived to a meeting with me with new bruises of all kinds, sometimes he told me how he got them, sometimes he did not want to and sometimes he was not even aware he had them.

Benny was very sensitive to others – he understood very well why people did what they did, why they reacted in certain ways in certain situations. He was also very compassionate, and if somebody he knew suffered from an illness or was involved in an accident he was at the edge of depression. For example: when his teacher broke her leg he told me about it with tears... This level of empathy was by no means characteristic to his age, and it was – and still is – one of his main social assets.

But it was also very important for Benny to be “ok”, and each time somebody insulted him, rejected his wish to participate in a game or did not respect the “gifts” he offered he became unconsolated. It was hard for him to learn that “this is how things go”, or that “there are children who do not respect the other”. A great part of our time together was dedicated to come to decisions such as: “I am not going to invite this child to my home” or “I will not be a friend of the boy who spreads gossip about me”. Benny’s good heart and his belief in people made him always give “another opportunity” to people who hurt him, as he believed there was a way to educate others so they see things as he did.

I helped Benny’s parents to enlarge the circle of “the touching people” with the grandparents and two female aunts – the father’s as well as the mother’s sisters. With me it was a little more complicated: we had a long discussion about the question: “why do you not let me touch you?” Finally Benny learnt that “one can practice being close to somebody without touching”, and was proud when he explained this idea, bringing me as an example of “not touching”. Right after that he began practicing this idea on others as well. He learnt quickly that what he considered a “nice touch” might be considered by others, especially girls his age, as unpleasant, even violent. Around this time he joined an acrobatics group where he spent 3 afternoons a week. Touching the ropes, the rings, the ladder, engaging with the rough work on the mattresses and the promise of access to the parallel bars if he was good enough was an appropriate substitute for the rough touch he still needed. Benny is perceived now as a “good boy” without further complains about violence – the word used too often and in many cases – without real justification.

In summa: Each one of these mentioned senses can function “within the norm” “over the norm” or “under the norm”. Hyper- or hypo-sensitivities are not frequent only among the gifted, but when a child is very intelligent – whether identified as gifted or not – and suffers from hyper-sensitivity which bothers him or her in everyday life, especially in school, he or she suffers usually more than the “ordinary” child with the same problem who will be treated, in most cases with more patience and tolerance. Furthermore: quite often a gifted child is considered being more mature emotionally than should be expected according to her or his chronological age, so a sentence like: ‘I would expect such a gifted boy not to make disgusting expressions every time there is a little noise’ are said more often to a gifted than to a regular child. Our task, as professionals, is to help the child understand the distress and help him or her, aided by his or her high cognitive abilities, pass as quickly as possible from the stage where the sensitivity controls her or him to what has been defined by Tali: “the noise bothers me as ever but it does not control me any longer”.

It is beyond the scope of this work to cover even a small part of sensitivities, learning disabilities, disorders and diseases gifted children might have (e.g. David, 2009, 2011a, 2014a, 2015b, and 2015c). But we must always remember that there are cases when mentioning the possibility of a learning disorder, and even worse – the existence of medication that might help the therapy process of the child will make the parents retreat from meeting the professional who had suggested it. As much as it is difficult for parents of a “regular” child to process the reality that there are serious problems they must deal with, when it happens with a gifted child some parents perceive it as trying to blow up their dream of a “perfect” child and they rather “kill the messenger”.

The situation is usually much worse in cases of psychological or psychiatric issues. Some parents would not even be able to say aloud the name of the disorder. Thus, as in cases of Oppositional Defiant Disorder I never call it either by its full name or by its initials, and only after the “David’s Jump” (David 2015a) occur in the treatment I explain the parents “what the child had”. This way their cooperation with me, necessary to the success of the treatment, it achieved (e.g. David, 2015b).

In all such cases the parents trust is a must, especially when they find out, eventually, that the child’s problem is quite complicated. On the other hand, quite often it happens that after “calling the disorder by name” the parents feel safer: if they trust the therapist the feelings of “not being alone in the world” and “the therapist knows what to do” make them calmer and more confident of the success at the end of the process.

When parents wish to meet me after suicide threats or even a suicide trial of their children (David, 2015d), the situation is different. Such cases are not to be treated without cooperation with a psychiatrist. In most of these cases I get the full information during the phone call the parents make to set the appointment, but in some they conceal this information which I discover during the intake meeting. In such cases this meeting is both the first and the last

one, as families who cannot face the truth and hide it even from the person they are approaching for help are at risk that is beyond my ability to handle. However, when a child is very young – sometimes even 5 and in all cases younger than 8 – just speaks about death, responsible parents become quite worried as they know such taking is not typical of this age. Such cases do not necessarily require the involvement of a psychiatrist, as I have already explained (ibid). A gifted child understands, many a time, abstract concepts much earlier than her or his non-gifted peers, so we should be able to distinguish between children who are depressed and thus at-risk, and children who are just interested in subjects like the ascent of the soul or the existence of the next world – with no actual thoughts about death in general and their own death in particular.

In addition to sensitivities, learning disabilities, disorders and diseases there are some main risk factors frequently found among the gifted. Among them are: Being female; being creative; conforming to social norms.

Being female

Of the 115 families who contacted me during the 2014 year all those reporting suicidal thought or even trials were parent of girls or adolescent females. Only 20% of those actually coming to me for one counseling session were parents of girls or adolescent females. During the whole year of 2014 I had but one girl meeting me once a week on a regular basis, in spite of the fact that I accept for treatment almost every girl whose parents want me to but only about one third of the boys.

These numbers statistically significant, repeat themselves every year. Thus we can conclude that in spite of the fact that there are high rates of gifted girls – both identified and unidentified – even when they mention depression and deal with death thoughts their parents do not take them as seriously as they do with boys. The prevention of proper counseling and adequate intervention defines gifted girls and adolescent females as a high-risk population.

Creativity as a risk-factor

Being creative means have “masculine” as well as “feminine” characteristics (e.g. Harrington, & Anderson, 1981; Norlander, & Erixon, 2000; Weinstein, & Bobko, 1980). However, while male artists are “allowed” to adopt feminine characteristic such as clothing, make up, body gestures, ways of expression, things are much more complicated for females. The woman artist has male characteristics – whether it is Georgia O’Keeffe, George Elliot or a 7-year old girl who wishes to play the role of “the bad wolf” in the end-of-the year school performance, because “he is both bad and strong”. Such a wish might cause ridicule, name-calling and at least trials to “convince” the girl that “it is better to be the Little Red Riding Hood, she is nicer, more beautiful, and certainly sweeter”.

Enforce conformity as risk-factor

While one of the giftedness characteristics is non-conformity (Landau, 1991), many gifted children find themselves in situations where they need – in order to socially survive – to give up their own “self”, their uniqueness, their inner world, their areas of interest. For example: this is what happens for most Kibbutz children, in the past and to some extent up to now. One such example is to be found in David (2011b). Two more example, of a highly gifted woman who described her Kibbutz childhood as hell she was strong enough to run from, and another one of a 6-year old boy, whose parents met me last year after the Kibbutz education had “broken” his older gifted brother [the parents expression...] because of his being “too unique, too original, too self-contained” – will be elaborated in a different article (David, 2017 in press).

Summary and Conclusions

In this presentation I have tried to focus on some important issues regarding the wellbeing of the gifted. It is by no means a conclusive work, nor does it aim to summarize ALL sensitivities, learning disabilities, mental- and other disorders and illnesses. I do hope I succeeded, along with the many vignettes, to shed a little light on some of the most common problems that are frequently found among the gifted, along with recommended ways to treat them. However, the effectiveness of these treatments, ways or interventions always depends on, along with the “immediate guilty” [e.g. the severity of the problem, the age of the child, the connection established with the therapist] on the parents. When the parents cooperate with the therapist, when they are willing to accept that their gifted child has a problem – sometimes a very serious one – on the one side, but also that her or his situation can improve substantially if they do what is best even if not always convenient or “makes everybody happy”, then it works. And what more does a person who seeks help for her or his child could ask for?

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