PROBLEMS OF GIFTED CHILDREN

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THE need for early identification of gifted children in our school systems is recognized but is not being met adequately. Children whose intelligence quotients are above 140 are considered gifted and they comprise approximately 1.33 per cent of all children. Gifted children often profit significantly from the challenge of additional special work. Failure to recognize their superior abilities early in their school careers and to challenge them may cause gifted children to become bored, frustrated and even to fail in school.

Emotional maladjustments may interfere with the performance of a gifted child, thus the anomalous situation of a genius who fails in school is not uncommon. The physician sometimes sees a child who has multiple complaints but in whom the findings on physical examination are normal. In such a child, psychological study may reveal the basis of the problem: the child may be gifted, his superior abilities may have gone unchallenged and unchanneled and the physical symptoms may have resulted from conversion. When the underlying problem has been thus defined, treatment must cover broad areas focusing primarily on the home and the school.

The following three case reports are presented to illustrate some of the problems of the gifted child.

CASE REPORTS

Case 1. A 7½-year-old boy was seen initially in the Department of Pediatrics because of multiple complaints including dizziness, pain in the wrists and knees, cough, and headache. The mother noted that he had been "nervous," crying easily because of seemingly minor frustrations. His school work had been poor and the teacher reported that he paid little or no attention in class. The general physical examination was negative.

Psychological evaluation revealed a quiet boy who responded very well to all commands. On the Stanford-Binet Intelligence Test, the child was found to perform at an 11½-year level, yielding an I.Q. of 153. From the child's response, it was apparent that he was bored and annoyed with his school work. He was not completing the requirements for even average second-grade work, and he had adopted various attention-gaining mechanisms in school. It appeared that the complaints of headache and dizziness had been used as an excuse to avoid attending school.

The child's social adjustment was good; he was well liked and played well with other

Psychologist.

children. His family adjustment was only fair. The boy's father was his idol but there was little time for the father and son to be together since the father maintained a part-time job in addition to his full-time job. He did this so that the children could have the material things that he believed would bring them happiness. The father was helped to gain greater insight into the emotional factor in his son's problem, and came to realize that the toys were not nearly so important as his personal attention. With greater understanding on the part of both the family and the school, the boy is reportedly showing improved adjustment in school and has fewer physical complaints.

Case 2. An 8½-year-old boy was seen initially in the Department of Allergy. The mother wanted the child to have a general check-up because of the multiple complaints including irritability, lack of attention in school, daydreaming, and headaches. There was a strongly positive family history of allergy on the paternal side. The physical examination was not remarkable. The conclusion of the allergist was that there probably was a mild nasal allergy but that the behavior problem seemed more prominent.

Psychological evaluation revealed a restless boy who could be directed but who evidenced mild negativism. On the Stanford-Binet Intelligence Test, his mental age was 12 years 9 months, yielding an I.Q. of 150. Variability on the testing was marked, with effort being expended from year 9 to average adult levels. He did well on abstract reasoning but found greatest difficulty in reading and vocabulary comprehension. In school this boy did well sporadically when given tests, but he spent most of the time daydreaming and dawdling, seldom completing the work assigned.

Personality testing indicated the presence of some emotional immaturity and insecurity. The boy appeared to be finding great difficulty in transferring his identification from his mother to his father in a normal manner. The mother seemed to be a dominant figure and the father was described as a very stern and rigid person who found it impossible to be companionable with the boy. The parents were persons of superior intellect and they approached life with an overintellectualized, rigid attitude. They demanded strict conformity to socially acceptable behavior patterns. In a very real way this boy had not been permitted to release his energies in a childlike manner.

An attempt was made to interpret to the parents the need for greater warmth and for more companionship with the father, and the child was referred to the supervisor of special education for consideration of a more appropriate academic placement. Six months later the parents reported that with some change in his academic program he seemed to be showing greater interest in school although he still had some difficulty concentrating. They also stated that he had become more cooperative at home.

Case 3. A 7½-year-old boy was seen initially in the Department of Pediatrics. The chief complaints were stuttering, nervousness, and lack of appetite. There were no remarkable physical findings. His appetite was described as adequate in the summer but poor in the winter. It was brought out that the father was an extremely stern person with little patience, and that the child was afraid of him. The child stated in response to a question about his nervousness: "My father makes me nervous." He gave the same answer to inquiries about his poor eating and his stuttering.

Psychological evaluation revealed a very quiet child who gave the initial impression of having exceedingly poor emotional adjustment. He showed evident pleasure in the challenge of something difficult and stuttered intermittently on what seemed to be a tension basis. The Stanford-Binet Intelligence Test revealed a mental age of 11 years 10 months, yielding an I.Q. of 160. He easily verbalized his fear and his real resentment of his father. The mother had been overprotective and had in several instances prevented

opportunities for much-needed socialization. For example, she provided a taxi to take him to and from school rather than allowing him to walk with other children.

The child was not getting along well in school. He was frequently absent and the teacher believed that these absences were not always warranted. His grades on tests were good but his work habits were reported to be variable. The teacher stated that social adjustment was notably poor: He did not show interest in group activities and his classmates appeared to regard him as different from them.

Here was a child whose intellectual capacities fell within the range of genius but who was maladjusted in the emotional, social, family and academic areas. An approach taking all aspects into consideration was necessary to bring about improvement. Academically, it was recommended that he be placed in an accelerated work program; this was carried out. The teacher has noted some change in this setting of greater challenge, however it is as yet too early to determine how significant this improvement will be. It has been impossible to obtain the family's cooperation or to give them insight into the child's problems. It is likely that his accomplishments will be limited unless the members of his family become more cooperative.

SUMMARY

Three case reports are presented to illustrate the problems of the gifted child. In each of the cases, the child presented multiple complaints that were found to have no physiological basis. Intelligence tests revealed each child's superior abilities, and the physical symptoms were attributed to the conversion of emotional factors resulting from the lack of challenge in schoolwork and the lack of understanding in the home.