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GIFTEDNESS AND MILD NEUROLOGICAL DISORDERS

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Some specific signs and symptoms seem to be shared in the diagnoses of both gifted children and those with mild neurological disorders; most notably, poor social skills and emotional distress. But it is important not to confuse these two conditions because while children with potential gifts need an appropriate education, children with mild neurological disorder need appropriate treatment. A very few children may need both.

Moon finds danger in the confusion, writing that gifted children "might be labelled and treated for the disorder of ADHD when he or she does not actually have the disorder." (Moon, 2002, p. 195). And when that treatment might be unwarranted doses of Ritalin for years, the consequences for the child can be serious.

However, any relationship between giftedness and mild neurological disorders suffers from a complete lack of scientific research evidence, although there are clinical and case-studies. And also a great variety of such disorders could affect the development of gifts, such as Asperger's Syndrome (AS), Attention Deficit Hyperactivity Disorder (ADHD), dyslexia and dyspraxia, which so often come in clusters (Kaufman & Castellanos, 2001). At the moment, the primary sources of help for such children are adult raised awareness and a keen eye.

Mild Neurological Disorders

There are two major disorders which are seen as having overlapping signs with giftedness, Asperger's Syndrome (AS) and Attention Deficit Hyperactivity Disorder (ADHD). Detecting the level of incidence is not easy. In the general American population, estimates for ADHD vary from 0 - 16% with an average of 2% across studies (Lahey *et al*, 1994). Asperger's is a developmental disorder which gets in the way of making social relationships. Just like the negative stereotyped image of the gifted child, the Asperger's child tends to be rather solitary, as well as clumsy and lacking social skills. He is also most likely to be a boy. Diagnosis is most enthusiastic in the USA, from which viewpoint the rest of the world is seen as having a 'low medication culture'. About three-quarters of American children diagnosed ADHD sufferers are male.

Hyperfocus, a state of rapt attention, is characteristic of the attentional impairments of autism spectrum disorders, while distractibility characterises the attentional problems seen in ADHD. ADHD can inhibit gifts and talents, especially in the creative sphere. Kaufmann and Castellanos, who have worked in the fields of gifted and ADHD for many years, suggest the possibility of over-diagnosis of ADHD among the gifted, although not so for the general population. But they also find that "Children with ADHD trail about 2-3 years behind age-peers in social development" (Kaufmann & Castellanos, 2000, p.622).

The coincidences of the gifted stereotype and real neurological problems can be striking. Yet Niehart (2000) has looked at American gifted children with AS and finds them different from other gifted children as follows:

- pedantic seamless speech in which they run-on, mixing fact and personal detail
- low tolerance to change, may ignore class and school routines completely
- does not understand humour because their understanding is literal [Though they are quite likely to have their own, albeit idiosyncratic or odd sense of humour]
- clumsiness in 50-90 per cent
- inappropriate affect and lack of insight - may look cheerful at a funeral
- frequently show ritual behaviour [But this is distinct from those seen in obsessive compulsive disorder ? example]

Research in Britain

In my on-going investigation since 1974, I have found that labelling and expectations of giftedness were significantly associated with difficult emotional development and behaviour (Freeman, 2001). This became clear when I compared recognised gifted children with unrecognised but equally gifted children, along with a random sample of classmates (n= 210, originally aged 5-14 years). Long interviews and testing with each youngster, their parents and teachers showed that the stereotype of the emotional disturbance of the gifted was strong for the labelled gifted – but not for the unlabelled gifted. Yet over the following decades, individual happiness and achievements have been affected by family attitudes, the wider social influences, education and often sheer chance. Indeed, overall, the evidence from most research on the emotional development of gifted children is that they are better balanced than other children (Freeman, 1998).

In 1974, 82% of my sample parents who believed their children to be gifted were experiencing or expecting problems which they associated with giftedness. Indeed, comparisons of all the children's behaviour showed the labelled gifted children to have significantly higher levels of emotional and physical health problems than all the others, including the equally gifted control group. Parents and teachers were in absolute agreement on this. At school the labelled children were seen as sometimes under or over reactive, often did not think before acting, were more aggressive and were short of friends. So much of the problem-behaviour the labelled gifted children showed was remarkably similar to mild neurological disorder. Yet because of the careful ability-matching of the labelled and the unlabelled gifted, it was clear that the giftedness itself could not be the root of these complaints.

The problems of the labelled gifted correlated positively with their family dynamics; their families too had more problems. Typically, these were divorce, separation of parents, frequent house moves, parental mental illness, and also pressure from a parent's strong ambition demanded through their children. In other words, the children were reacting to their home circumstances, as children do. In terms of school results, the more problems the children suffered the greater the risk to their achievement. Fortunately, thirty years later, most of those who were disturbed as children have grown out of what were essentially childhood problems.

Contributions to the confusion

Stereotyped attitudes: The greatest challenges faced by gifted labelled children often come from other people's attitudes and expectations. In my sample, many of them not only took up a stereotyped style of behaviour expected of them, some made it the focal point of their lives, though others simply ignored it. For example, the pressure to be successful all the time can bring on perfectionism, a form of obsessional behaviour which can get in the way of high-level achievement because nothing can ever be perfect. It is often claimed as a sign of giftedness as well as mild neurological disorder, but I did not find this in the unlabelled gifted.

Relationships: It is true that the hard work required to develop gifts demands sacrifice of leisure which can cut into developing relationships. But in my sample, even for those who practised their music for many hours, it was not the loss of interactive time which inhibited their relationships, but emotional problems and expectations. The most disturbed children also had proportionately more disturbed home backgrounds. If all went well, the adults, now in their 40s, hold important positions, though they may remain socially isolated and idiosyncratic and are still living alone. They know they are lonely, but appear to have difficulty understanding the perspective of others. And like young people suffering from autistic spectrum disorders, many suffer from depression.

Of the eight young people who said their giftedness was an insuperable barrier to making relationships, all but one were male. The psychological defence systems they had built against anxiety had started in early childhood, and at times seemed to be encouraged by their parents, who took this as one of the true signs of giftedness. Every one of them blamed their situation on being gifted. Yet, I also found a positive relationship between high IQ and described empathy, and quite a few of the (mostly female) gifted youngsters purposefully employed it to help others.

Attention span: A particularly confusing sign, supposedly common to sufferers from mild neurological disorders and the gifted, is a wide variation in attention. This can be poor in the gifted, for example when they are not interested in a task, such as homework or repetitive learning, constantly excused by claiming boredom with mundane demands. Alternatively, both can display 'hyperfocus' when challenged with and interesting tasks such as video games, deadline pressure and creative work of their own choice. But boredom is also a personal reaction unrelated to ability; in that where one person may feel boredom another will find excitement. It can also become a childhood habit (especially for the labelled gifted) so that a child learns to expect it and interprets too many experiences in those terms. A notable feature of neurological disorder is that although children can learn well, they find difficulty in expressing their learning; again a feature of some of the gifted boys in my sample.

Sensitivity: Gifted children may be more sensitive to their physical environment, and consequently respond with heightened emotional and behavioural responses. It has been suggested that because they are so sensitive they should be treated pharmacologically in the same way as neurological disorder - with Ritalin (Capps & Gere, 2001). Because this stimulant works to suppress the intrusive firing of neurones not associated with task performance, it allows the brain to transmit a clearer signal. The suppression of background firing thus enables the child to improve their focus, and supposedly performance.

Conclusions

It is quite possible that some youngsters (notably the scientific boys) in my sample did indeed suffer from undiagnosed neurological disorder, which was not noticed in the climate of the 1970s. Parents and teachers took what may have been the symptoms of neurological disorder, mostly communication problems, to confirmatory signs of what they considered to be giftedness. Of the 210 individuals in the sample, not one was diagnosed with neurological disorder, which would probably not be the case in the 21st century.

There are no short-term solutions to the challenges of individuals with more than one exceptionality. The key is in being alert to the possibilities of what children can do, rather than what they cannot do, and to maintain the highest expectations of them. But there does have to be a balance between those who would dose lively enquiring, unconventional - and irritating - gifted children with Ritalin, and neglect of the possible neurological causes of unsociable behaviour. Without research backing, however, one cannot say that there is a different incidence among the gifted than among the general population.

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