

The highly talented child

Indulgence or necessity

It is perhaps an indulgence of the western world that there should be an interest in the problems of the talented child, but an interest there is, and a justified one at that. Whether the special aptitude be in studies, sport, music, arts, or any combination of these, the potential for problems is high. For example, teacher recognition of gifted children (that is, an intelligence quotient above 140) is less than 50%.¹ In consequence, some children lose interest, fall behind, and may even be deemed unintelligent. Others may be pushed to achieve by parents or teachers to the point that their emotional development may be impaired in the pursuit of academic excellence; a 12 year old studying for an honours degree at Oxford University is clearly misplaced. Alternatively, their obvious exceptional intelligence sets them apart from their peers who in turn see and treat them as odd and different.

The pressure to achieve is often more noticeable in children whose special aptitude is in sports or arts. Intensive training can interfere with regular schooling and studies, and may prevent a child from either making or keeping friends.² Parents may, understandably, get vicarious satisfaction from their child's achievements and in so doing impose undue pressures. Such pressure may be overt or more subtle, in the form of 'we only ask that she do her best'. This innocent statement may be responded to by the child as 'I always have to do my best'; 'How do I know what is my best?'; 'What happens if I don't do my best?' Many children cope quite satisfactorily under such pressure; but for others, perhaps rendered vulnerable by a combination of personality, temperament, and external pressures, the stress of achievement, performance anxiety, and the attendant expectations and demands on time and energy gradually erode the child's sense of well being. If we adults never allowed ourselves an off day for fear of letting down others we too would experience high, or perhaps intolerable levels of stress and distress. So it is with highly talented children. Some may have the courage or bloody mindedness to refuse the continuing pressures. Others, more conforming or compliant cannot rebel and so develop other means of escape.

Stress reactions

Where an organic substrate is present a physical

response to stress readily occurs. Physiologically vulnerable children may develop a wide range of physical symptoms in response to a fear of failure or loss of parental approval.³ Recurrent injury may serve as a socially acceptable form of withdrawal from stressful situations.⁴ Anorexia nervosa or related eating disorders are more common in female gymnasts and ballet dancers because of the preoccupation with diet, fitness, and body shape.⁵

Such reactions are often heavily disguised. In a two year period Wolff and Lask saw 21 children between the ages of 9 and 15 with physical symptoms that had defied explanation despite intensive organic and psychological investigation.⁶ The factor that each child had in common was that they had failed to recover from a relatively minor injury, illness, or viral infection, and remained symptomatic for up to four years. They were all high achievers and only lengthy and patient discussions with the child brought out the intense stresses hidden by the sense that they must not fail, complain, or be anything but perfect. Such behaviour tends to be subtly reinforced by the parents who promote the same values.

Where no obvious organic substrate exists other stress reactions may be apparent. A 12 year old competitive swimmer whose father insisted on seven days a week intensive training started hearing voices telling her not to swim. A 14 year old junior cross country champion developed an obsessional-compulsive disorder, which included having to take two steps back for every one forward.

Management

The onus on the paediatrician is in recognising such problems. A comprehensive approach to assessment⁷ will eventually unravel the mysteries of any unexplained illness⁸ and the hidden problems of the highly talented child.⁶ Children who excel have special needs whatever their area of excellence.² We need to advise parents, teachers, and coaches that highly talented children have emotional, educational, and interpersonal needs that may surpass those of their less talented peers. Intellectually gifted children may benefit from special educational provision.¹ Parents should define in a measurable way what they expect—will they be disappointed if their child gets 70% rather than 90% in an end of year exam? Will it matter if she comes fourth rather than first in a piano competition? Does failure to be

picked for a representative team matter? If the answer is no, how can they convince their child they mean it? If the answer is yes, how can they modify their own expectations?

When levels of anxiety are high time should be found on a regular basis when the parents can discuss the causes of concern and attempt to find solutions. Self-relaxation is valuable when stress is producing physical symptoms such as headache, abdominal pain, or diarrhoea. Where stress is too high (for example, when illness supervenes, or education suffers) clear advice is required that pressures must be reduced, and the child's talents not exploited. Above all, days off and off days must be acceptable and even encouraged!

References

- ¹ Freeman J. Update on gifted children—annotation. *Dev Med Child Neurol* 1986;**28**:77–83.
- ² Rowley S. Psychological effects of intensive training in young athletes. *J Child Psychol Psychiatry* 1987;**28**:371–8.
- ³ Smith R, Smoll F. Psychological stress: a conceptual model and some intervention strategies in youth sport. In: Magill R, Smoll F, eds. *Children in Sport*. Champaign, Illinois: Human Kinetics, 1982:178–95.
- ⁴ Yaffe M. Sports injuries: psychological aspects. *Br J Hosp Med* 1983; March:224–32.
- ⁵ Garner D, Garfinkel P, Bemis K. A multi-dimensional psychotherapy for anorexia nervosa. *International Journal of Eating Disorders* 1982;**1**:3–47.
- ⁶ Lask B. The high-achieving child. *Postgrad Med J* 1986;**62**:143–6.
- ⁷ Bingley L, Leonard J, Hensman S, Lask B, Wolff O. Comprehensive management of children on a paediatric ward. *Arch Dis Child* 1980;**55**:555–61.
- ⁸ Dungar D, Pritchard J, Hensman S, Leonard J, Lask B, Wolff O. Unexplained illness—a team approach to diagnosis. *Clin Pediatr (Phila)* 1986;**25**:341–4.

BRYAN LASK

Department of Psychological Medicine,
The Hospitals for Sick Children,
Great Ormond Street,
London WC1N 3JH