

The problems of the social functioning of 10 year old gifted boy with depressive episode

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Abstract

The family of the boy consists of both parents and two younger sisters. Because of the specificity of the father's work the family lives from time to time in different countries. Both parents are Polish, but the family lives in America for good. The boy is a student of a local public school and is bilingual. The parents stress that the boy since early childhood was characterized by the emotional coldness, he tended to isolate from the peer group also he was not emotionally bounded to his sisters. Sometimes he was aggressive against them. He was also very serious and could not take part in the spontaneous games of other children. At the same time he differed from other children of his very high intellectual level and of interests that were far beyond of usual interests of his peers. It was noticed and stressed by his school teachers. He was interested mostly in the problems of science and also in politics. He felt comfortable discussing with adult people the mentioned problems. During last some months however his frame of mind was changed. He complained to parents that strange thoughts are coming threw his mind that he is a bad person and tendencies to hurt himself. At the same time he became more tensed and dysphoric in contact with his sisters.. The patient was treated by individual cognitive behavioral psychotherapy. He was also treated pharmacologically but in a very little part. Also the parents of the boy were educated concerning their relations with the boy based on the behavioral technics. After two months of the treatment the depressive symptoms disappeared. We discussed with the parents the strategy of long term upbringing and educational strategies (first of all the training of the successful functioning in the boys peer groups) also concerning eventual correction of his schizoid personality traits and as a result to better psychosocial adjustment and functioning. We also discussed his future educational plan according to his high intellectual level and his interests.

Keywords: gifted children, depression, social functioning

Streszczenie

Rodzina chłopca składa się z obojga rodziców, przy czym ojciec pracuje, matka zaś wychowuje trójkę dzieci. Chłopiec ma dwie młodsze siostry (o dwa i cztery lata). Oboje rodzice są Polakami choć na stałe mieszkają w Ameryce, w związku ze specyfiką pracy ojca, rodzina co kilka lat zmienia miejsce zamieszkania. Chłopiec uczęszcza do miejscowej publicznej szkoły i jest dwujęzycznym dzieckiem. Rodzice podkreślają, że chłopiec od wczesnych lat charakteryzował się pewnym chłodem emocjonalnym, tendencją do izolacji od grupy rówieśniczej, nie wykazywał związków emocjonalnych z młodszymi siostrami, niekiedy bywał w stosunku do nich agresywny, był nadmiernie poważny, nie potrafił uczestniczyć w spontanicznych wspólnych zabawach. Jednocześnie wyróżniał się spośród innych dzieci bardzo wysokim poziomem intelektualnym i zainteresowaniami znacznie wykraczającymi poza zwykłe zainteresowania rówieśników. Jego zainteresowania dotyczyły głównie problematyki naukowej, w różnych dziedzinach wiedzy, także interesował się polityką. Dobrze się czuł w kontakcie z dorosłymi, jeśli mógł prowadzić z nimi dyskusje dotyczące wspomnianych problemów. W ciągu ostatnich kilku miesięcy, nastąpiła pewna zmiana w jego samopoczuciu, zaczął skarżyć się rodzicom, że przychodzą mu do głowy bardzo złe myśli o sobie, z pewną tendencją nawet aby sobie coś złego zrobić jednocześnie stał się znacznie bardziej napięty i dysforyczny. U Pacjenta zastosowano psychoterapię indywidualną oraz w niewielkim stopniu leczenie farmakologiczne, a także przeprowadzono szczegółową edukację matki dotyczącą postępowania z chłopcem w czasie trwania wspomnianych objawów. Po około dwóch miesiącach leczenia, wspomniane objawy depresyjne ustąpiły niemal całkowicie, ustalono z rodzicami perspektywę długotrwałego oddziaływania wychowawczego, dotyczącego możliwej korekcy ujawniających się schizoidalnych cech osobowości, a przez to lepszego przystosowania psychospołecznego.

Słowa kluczowe: dzieci szczególnie uzdolnione, depresja, funkcjonowanie społeczne

The problems of the personality development, the social functioning and mental disorders of gifted children are interesting and important issue. The reports of gifted children became from time to time a focus of public attention. But mostly as an interesting news rather than as the real analysis of the problem. Many

publications stress difficulties in social functioning of gifted children in their adulthood. Of course there are methodological problems concerning the analysis of gifted children and one of the reasons is the fact that they form rather heterogenic group and each of them request individual analysis because they differ in terms

of their personal social and clinical problems. Some authors stress their emotional immaturity versus their intellectual high functioning, also their social isolation that begins very early in the childhood is pointed. There are also observations of depressive episodes, impulsivity and maladjustment Bényony H and co. [1] showed that comparison of gifted children and controls revealed that the "scores for academic self-esteem, total self-esteem and lie-scale were significantly lower than those observed in the control group and that the depression scores were significantly higher in the gifted children. Also the correlation analyses reveal that the lower the general self-esteem, academic self-esteem and total self-esteem values had fallen, the higher the depression hyperactivity and total psychopathology. Similarly, the lower the general and total self-esteem scores, the higher the aggression scores. Academic self-esteem was the only value to be negatively correlated with communication disorders and somatization symptoms. (...) The regression analyses indicate that academic self-esteem is the variable that explains the depression scores" [1]. The authors in discussion hypothesize that the difficulties of this children derive from internal and social dys-synchronism. Ellen Winner in her very interesting article analyzed many aspects of giftedness among others the brain organization. According to her, there is data which indicates in those cases atypical brain organization "giftedness in abilities that involve the right hemisphere development and hence with anomalous brain dominance. Individuals with such gifts are more likely to be non- right handed, to have language represented bilaterally, and to have language related and immune system disorders." also the problem of gifted children families is also important, according to Ellen Winner he families of gifted children are "The families of gifted children are child centered, meaning that family life is often totally focused on the child's needs (...) However the fact that parents spend the great deal of time with their gifted children does not mean that they create the gift. It is likely that parents first notice signs of exceptionality and then respond by devoting themselves to the development of their child extraordinary ability. Of course we have no information on the number of child-centered families that do not produce gifted children (i.e. control-group problem) Gifted children typically grow up in enriched family environments with a high level of intellectual or artistic stimulation (...). Of course these findings are correlational. We cannot conclude that stimulation and enrichment lead to development of giftedness. First, gifted children may need unusual amount of stimulation and may demand enriched environments, a demand to which their parents respond. Thus, the child's inborn ability could be the driving force

leading the child to select enriched environments." E. Winner differentiates also between giftedness and creativity and concludes at the end that "Few gifted children go on to become adult creators because the skills and personality factors are required to be a creator are very different from those typical of even the most highly gifted children." The problem of giftedness is as we mentioned before in many aspects unclear. As Ellen Winner mentioned "we know much more about deviance at the negative than a positive end of the spectrum. Just as we know more about depression and fear than we do about happiness and courage, we also know far more about retardation and learning problems than we do about giftedness."

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long term upbringing and educational strategies (first of all the training of the successful functioning in the boys peer groups) also concerning eventual correction of his schizoid personality traits and as a result to better psychosocial adjustment and functioning. We also discussed his future educational plan according to his high intellectual level and his interests.

References

1. Bénony H., Van Der Elst D., Chahraoui K., Bénony C., Marnier J.P. Link between depression and academic self-esteem in gifted children. *Encephale*, 2007; 33(1):11-20.

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