

The Adjustment of Gifted Children: Is Asynchrony the Only Reason for Their Problems?

Mimi Wellisch and Dr Jac Brown

Macquarie University

Gifted children have often been described as being ‘out of sync’ with chronologically same aged peers and societal expectations, with giftedness linked to particular characteristics (Rogers & Silverman, 1997), a variety of abilities, and high IQ (Winner, 1998). High IQ has also been associated with secure attachment (Van Ijzendoorn & Van Vliet-Visser, 1988), and secure attachment is linked to advanced language ability (Van Ijzendoorn, Dijkstra, & Bus, 1995), and other positive developmental outcomes (Prior & Glaser, 2006).

However, not all gifted children are securely attached (Karrass, & Braungart-Rieker, 2004; Van Ijzendoorn & Van Vliet-Visser, 1988), and the consequences of insecure attachment may impact on achievement. There is a dearth of research on the connection between giftedness and attachment, and more research is needed. This paper will therefore review available information as well as indirect evidence to paint a conceptual picture of how attachment may contribute to some gifted children being ‘out-of-sync’. First, asynchrony will be examined, followed by an outline of attachment and finally its impact on giftedness, and on gifted and learning disabled children.

Asynchrony

The construct of asynchrony was conceived in response to a general shift away from the ‘gifted’ concept to the more achievement oriented and supposedly equitable development of ‘talent’ (Morelock, 1992). Silverman (1997) argued that the poor social fit of gifted children was due to a less mature but highly sensitive emotional system. She saw gifted children as cognitively complex and emotionally intense, functioning at various developmental ages, for example, with the mental age of a 14-year old and a chronological age of an 8-year old.

According to Silverman (1998), the most asynchronous of all gifted children are gifted children with learning disabilities. Various learning disabilities are thought to be due to particular executive function problems, such as working memory deficits (Alloway & Gathercole, 2006; Pickering, 2006; Swanson & Siegel, 2001), associated with the prefrontal cortex. The prefrontal cortex is particularly involved during intelligence tests, and the magnitude of activation has been tied to intelligence (Flynn, 2007; Shaw, et al., 2005).

Perry (2006), a neuropsychologist and psychiatrist, also describes children who are characterized by uneven development in a number of areas, who have learning disabilities and developmental delays, and yet are not normally associated with the gifted population. They are children who can be described as having an insecure attachment style, described a little later. The outcomes of insecure attachment are remarkably similar to many of the characteristics associated with gifted and learning disabled children, including deficits in attention and behaviour regulation (Perry, 2002). Can there be an overlap of these two populations? To inform the comparison, the following section will give an overview of attachment.

Attachment

Attachment is a biological instinct that enables the survival of the human baby (Prior & Glaser, 2006). In attachment theory (Bowlby, 1969), the term attachment describes the tie between a baby and the attachment figure based on the baby's need for safety, security and protection, with the principal attachment figure best characterized by the mother (Prior & Glaser, 2006). Attachment can be secure and insecure, with insecure attachment forming a number of recognizable patterns, including ambivalent/resistant (anxious) and avoidant attachment (Ainsworth, Blehar, Walters, & Wall, 1978).

The attachment process is aided by the timely maturation of particular brain areas that coincide with a time when the mother is in close proximity and available (Joseph, 1999). If the mother is not available during these sensitive periods, the attachment process will be flawed and long-term negative consequences are likely to affect development. The severity of these consequences may well depend on the extent to which the baby's needs were neglected and exactly what part of the brain was developing at the time of the unmet need (Gunnar & Quevedo, 2007). If abuse has also occurred, this will further complicate the consequences.

Secure Attachment, Gifted Children and Social Adjustment

Attachment probably begins in the womb (Kisilevsky, et al., 2003), and by 9 months, most babies will have formed a strong attachment to an adult. Attachment style is established by 3 years of age and informs internal working models of self, others and relationships (McMahon, Barnett, Kowalenko, & Tennant, 2006).

Securely attached children are generally trusting, confident, emotionally regulated, socially competent, and empathetic (as cited in Prior & Glaser, 2006). Interestingly, empathy appears to be associated with higher levels of giftedness, identified as "compassion for others" by 93.5% of parents with exceptionally and profoundly gifted children (Rogers & Silverman, 1997).

Teachers have rated gifted primary school children as being better socially adjusted than children who were not gifted (Preuss & Dubow, 2004), although Winner (2000) argues that teacher ratings may be subject to a "halo effect", and that giftedness has been associated with social problems. We have seen that securely attached children are well adjusted, so the inconsistent findings indicate the involvement of other factors, such as attachment style. Securely attached gifted children may therefore be

well adjusted, and insecurely attached gifted children may experience emotional and social problems, similar to the general child population.

Causes of Insecure Attachment

Attachment style is thought to be shaped by the level of sensitivity in care-giving and responding by the *principal* attachment figure, best characterized by the mother (Prior & Glaser, 2006). Studies have found that 80% of mothers with low sensitivity reported prenatal depressive symptoms (Kemppinen, Kumpulainen, Raita-Hasu, Moilanen, & Ebeling, 2006).

Both giftedness and maternal depression can be found in all families regardless of socio-economic status, with one study finding that 74% of chronically depressed mothers had insecurely attached babies (McMahon et al., 2006). Maternal depression has been associated with less than optimal cognitive development in children (Cicchetti, Rogosch, & Toth, 1998). Babies, whose mothers are depressed or unable to respond with consistent sensitivity, experience traumatic or neglectful care-giving. The earlier neglect and abuse occurs “the more difficult it is to treat and the greater the damage is likely to be” (Perry & Szalavitz, 2006, p. 152). The way attachment styles affect children, and how they are likely to affect giftedness, will be briefly outlined below.

Insecure Attachment - Ambivalent/Resistant (Anxious)

Children with ambivalent/resistant attachment tend to be anxious, less forceful, less confident, more withdrawn, more passive and more hesitant when faced with a new experience than both the securely attached, and children with avoidant attachment. A finding by Van Ijzendoorn and Van Vliet-Visser (1988) indicated that ambivalently attached children’s IQ scores were almost as high as that of the securely attached, with the authors concluding that the ambivalent insecure attachment pattern does not appear to hamper cognitive development. Attachment style does, however, affect social and emotional adjustment, and may therefore have an impact on achievement.

Avoidant Attachment

Children with an *avoidant* attachment style are more hostile, aggressive and have more antisocial behaviours, more negative feelings and are more likely to scapegoat and victimise other children (Prior & Glaser, 2006). Although they appear more confident than the ambivalently attached, they can also suffer from depression, attended by an inhibiting effect on attention, planning, memory and learning (Prior & Glaser, 2006). Giftedness is therefore likely to be affected, and they are unlikely to achieve a high score on emotional intelligence (EQ) (Wellisch, in press) or become all-round intellectual achievers.

Attachment, Giftedness and Characteristics

Certain characteristics relate to both giftedness and attachment style. Perfectionism, is, according to Silverman (1998), the driving force of gifted children, although it has been found to have different expressions depending on attachment style (Rice & Mirzadeh, 2000; Wei, Mallinckrodt, Russell, & Abraham, 2004).

A review found that healthy perfectionists set high achievable personal standards, are organized, satisfied with themselves, have a desire to excel and are motivated to achieve positive outcomes (Wellisch, 2008). Unhealthy perfectionists, however, have unrealistically high standards, ruminate intensely over mistakes, perceive that others require perfect performance, perceive large discrepancy between performance and personal standards, doubt their own actions, and avoid negative consequences (Enns & Cox, 2002). It seems that securely attached gifted children use their perfectionism to achieve, whereas unhealthy perfectionism may be an obstacle to achievement for the gifted who are insecurely attached.

Persistence has been associated with secure attachment, and identified by Renzulli (2005), who calls it “Task Commitment”, as one of three defining identifiers of gifted children. Recent findings on persistence have been supportive of Renzulli’s assertion (Duckworth, Peterson, Matthews, & Kelly, 2007). Therefore, persistence in the securely attached seems to be a necessary ingredient for high levels of achievement.

We have seen how attachment is expressed in important personality factors and how they may be linked to gifted children. There is also an increasing awareness of children whose giftedness is complicated by learning and other difficulties (Munro, 2002; Winner, 2000). These difficulties will be outlined below.

Gifted Disabled – and Insecurely Attached?

Silverman (2002) has observed gifted children with a visual-spatial learning style, describing them as holistic thinkers who tend to be gifted in mathematics, music and/or the visual arts. She argues that these children seem to have enhanced right-hemispheric development, often achieving unusual IQ scores with a sizeable gap between Verbal and Performance scores.

Perry and Szalavitz (2006) made similar observations about a population of children who were neglected and abused. They wrote that the over-development of the right brain is often seen when developmental needs of certain brain regions have not been met. “It reflects the use-dependent development of the brain: with more developmental chaos and threat the brain’s stress response system and those areas of the brain responsible for reading threat-related social cues will grow, while less affection and nurturing will result in underdevelopment of the systems that code for compassion and self-control” (pp. 104-105). Perry (2001) also found that chronically traumatic environments can result in a prominent Verbal-Performance split on IQ testing, and a study of traumatized children found that higher Verbal IQ was significantly associated with fewer traumatic experiences and symptoms in children (Saltzman, Weems, & Carrion, 2006). It therefore appears that a relatively weak Verbal IQ may be associated with insecure attachment.

The condition of Attention Deficit Hyperactivity Disorder (ADHD), and language related problems, have both been observed in gifted children (Silverman, 2002). Perry et al. (2002) have also reported that neglected and abused children who present at health services are typically diagnosed with ADHD, which has been linked with

language disorders, often the first sign that a child may have other psychiatric and learning problems (Toppelberg & Shapiro, 2000). A meta-analysis of 32 studies on attachment, intelligence and language concluded that language development is “stimulated in the context of secure attachment relationships” (Van Ijzendoorn et al., 1995, p. 115). These findings should be considered in relation to gifted children with learning disabilities.

Possible New Treatments for GLD

Anecdotal evidence indicates an increase in gifted children with learning disabilities (Lynn Berresford, personal communication, March 31, 2008), and some may be outcomes of insecure attachment. Underachievement is currently not addressed in the Differentiated Model of Giftedness and Talent (Gagné, 2008), the model used by Education Departments in Australia. The DMTG only provides an educational pathway, and teachers and parents can either choose an educational option, or find their own way through an array of treatments, each claiming to address learning disabilities or socio-emotional problems, although neither choice may specifically address issues arising from insecure attachment. It seems, therefore, that there is a need for a model that includes a spectrum of giftedness with an option for social-emotional therapies for gifted children with learning and social problems.

Helpful evidence based therapies do exist. For example, findings indicate that children’s diagnoses and symptoms were reduced when their mothers received medication for maternal depression (Weissman, et al., 2006). There are also promising new programs being developed for children with attachment problems that aim to address early damage (Perry, 2006). These therapies, if successful, may result in greater motivation to achieve in insecurely attached gifted children.

Conclusion

Despite much debate since the inception of the Columbus Group (Morelock, 1992), a current model of giftedness is focused on achievement through educational provisions (Gagné, 2008). However, gifted and attachment characteristics appear to be related, and problems currently associated with asynchrony and giftedness may well arise as a result of insecure attachment. There is a need for more research, and a need for an inclusive model that provides alternate pathways for gifted children who underachieve as a result of insecure attachment. Appropriate treatments may well increase motivation and help ensure a better educational outcome for underachieving gifted children.

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