

GIFTEDNESS AND ASSOCIATED DISORDERS: OPPOSITIONAL DEFIANT DISORDER

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ABSTRACT

Although it is common to find a great deal of literature related to the education of gifted pupils, information regarding gifted children with associated disorders is less frequent. This article refers to cases of highly intelligent children with Oppositional Defiant Disorder.

This summary is the result of our personal training, research and experience. In this article we have placed special emphasis on the fact that the descriptions of the cases include all the necessary information available for performing the diagnosis. In the descriptions we will only give those most essential results in order to illustrate the diagnoses. The article concludes with the educational implications and the treatment for these children and, more specifically, with the treatment carried out in those cases of children with intellectual giftedness.

Key words: giftedness, associated disorders, Oppositional Defiant Disorder, case studies and educational implications.

INTRODUCTION

Love and hate towards others are not opposed entities, but rather both originate from the same source: desire and dissatisfaction. Children learn to wait to obtain their satisfaction and also to give in order to receive. Aggressiveness is an energetic potential and to suppress it completely leads to passivity (Ajuriaguerra, 1980).

E. English and G.H.J. Pearson think that children display aggressive reactions on specific occasions:

- When they are in a state of real danger or when they try to free themselves by attacking and destroying the object or person which they fear, by losing their temper with somebody.

- When they feel deprived of a desired pleasure: their anger is directed against the object or person which are the cause of their deprivation.
- When they try to do something which constitutes a satisfaction and, at the same time, they are denied it. Their anger is directed against the person who induces them to do something which is prohibited and against those who prevent them from carrying it out.

It should be pointed out that the state of chronic aggressiveness occurs when a child finds itself exposed to certain danger and to specific privations or persistent temptations.

According to Noshpitz and Spielman, hyper-aggressive children can be divided into four categories:

- A child in the throes of a separation and frustrated reacts very violently and even dangerously, to such an extent that any argument may end in an outburst.
- A child who tries to dominate, fights to achieve it, divides in order to rule, separates and whose actions are aimed at ruling the world of the adults. In his conduct, sadistic aspects may be evident. He is very sensitive to his environment and he knows how to take control of the situation.
- A child who is aggressive because of its erotic aspect, whether in terms of sex games in which he participates or in the satisfaction he obtains in obliging others to perform sexual acts.
- An anxious child whose actions are the product of great anxiety and who in a state of tension explodes to gain attention. On the one hand, this tension is related to certain primitive phantoms which invade the region of consciousness, drowning the personality and, on the other hand, it is related to the fear of a reprimand: a fear which is so important that it impels the child to seek out a punishment with the aim of preventing all the possible reprisals (Ajuriaguerra, 1980).

The DSM-IV-TR assigns children with Oppositional Defiant Disorder characteristics such as the following: they often get angry; they often argue with adults; they often refuse to obey requests and rules; they often deliberately annoy others; they often accuse others of their own mistakes or bad behaviour; they are often susceptible to or easily annoyed by others; they are often angry and resentful; they are often rancorous and revengeful.

It is common for these children not to think that they act in an oppositional way, but rather they believe it is a problem of others and that they make unreasonable demands of them.... Frequently, the parents underline that these children appear to be insensitive to punishment and

are unimpressionable and difficult to deal with. Furthermore, they like taking risks and are daring and very insensitive to punishments and physical harm. They appear to be exceptionally tough as though pain does not affect them. The possession of these character traits from the early years of their lives is significant because of the experiences which they produce and the reactions which they provoke in others.... It is very likely that these children cause more conflicts and problems than the majority of children but, because they are so recalcitrant to punishment, they also receive more than would be needed to control the majority of children of the same age (Millon & Davis, 1998).

Unlike the Antisocial Disorder, they do not violate the basic rights of others or the principal social norms with regard to their age.

The Oppositional Defiant Disorder usually makes its appearance before the age of 8 and, in general, not later than the beginning of adolescence. The negative symptoms usually flourish in the family environment but, with the passage of time, they may occur in other situations. Their beginning is typically gradual and usually lasts for months or years. In a significant proportion of cases Oppositional Defiant Disorder constitutes an evolutionary antecedent of the dissocial disorder (DSM-IV-TR) but many children who suffer from this affliction never have serious problems as a result.

Oppositional children openly show their unease and tension and use them both to annoy others and also to seek attention and care.

They also usually disguise their apprehension behind repetitive complaints of the kind that other people do not understand them and that life is full of deceit: unhappy, irritable and oppositional, they are wont to use physical complaints in order to disguise their hostile urges and to hide their profound anger and resentment. Oppositional children show slight and transitory types of *conversion symptoms* such as facial tics or laryngitis and their complaints about vague sensations and pains are aimed in part at attracting attention and obtaining care as well as at worrying others and laying the blame on them. When they yield or accede to the wishes of others they feel anger and resentment for having allowed themselves to be so “weak” and having surrendered their independence. On the other hand, if they show themselves to be defiant and affirmative, they suffer anxiety for having placed their safety, based on dependence, in danger (Millon & Davis, 1998).

Although there exist indicators of a biological nature which predispose some children to acquiring an antisocial personality pattern, psychological and sociological factors have an important influence on the moulding of the moment, the nature and the way in which these

dispositions are expressed. It should also be taken into account the fact that psychological influences may be sufficient in themselves to activate these types of anomalous behaviour. It is highly likely that biological and psychosocial factors interact in a very complex way (Millon & Davis, 1998).

SAMPLE CASES

Below, we will describe various cases of gifted children with this disorder.

*** Rubén, a child of 7 years and 2 months, attended our consulting rooms in September, 1997 when he was in second grade of Primary School. He showed maladjusted behaviour in the school, social and family ambit.**

Development and first learning. After a pregnancy of 41 weeks and 5 days he was delivered by caesarean section. The scores in the Apgar Test were 9 after the first minute and 10 after five. He was breast-fed for four months. As a baby he was very restless and given to crying: “he never stopped crying from 18 hours after birth until he was 2”. The reaction of the child to noise and pain was slight. For example, when he was vaccinated, he hardly cried. He was clumsy in his movements.

His linguistic, social, motor and sphincteral development was normal. He was always considered a very lively child with an excellent capacity for observation and memory. At 18 months he knew the colours, the numbers from 1 to 10 and the vowels. At 2 years old he could draw the human body and at 3 he knew the alphabet and asked questions about any new words that he learnt. From the age of 3 and a half, approximately, he was very curious about things and asked exploratory questions: about Archimedes’ principle, why the Earth was round, the reception and transmission of radio waves, everything related to animals, etc.

His vocabulary advanced and he started to use words such as “exterminate”, “reprieve” and “trachea”, etc. He showed a precocious interest in time: at 3 years old he always asked about the day, date, time and he tried to say these things himself. He began to count the time in hours at the age of 5. His parents observed that when he wrote he changed the /s/ and the /5/, the /b/ and the /d/, writing them in a mirror, especially if he hadn’t written for a while.

Family background. The parents described their child as having a sophisticated sense of humour, intolerant when frustrated, strangely perfectionist, restless, dependent on adults and mature. From the age of 3

years old he had imaginary friends which were always animals and he was the farmer or the owner. At times he imitated the animals and he began to play at killing. Rubén had no obligations at home and only occasionally had to take out the rubbish or look after his sister.

His family behaviour was described by his parents as disadapted. He was nervous and restless and until he was 5 he couldn't watch television because he couldn't remain seated. He couldn't stop talking, he had fears, he was untidy, he hit his sister, he found it difficult to obey the rules and was very disobedient. He didn't accept timetables ("get dressed or we'll be late") and if you got on top of him, he screamed and kicked. As a child his parents put him in his place and it worked. He was impatient and liked to be the centre of attention. He couldn't bear to be told off and adopted an offensive attitude. He cried when he couldn't get away with things. He had little common sense, was impatient towards everything and very dependent on adults. He maintained negative attitudes, showed a lack of motivation about doing things well and any activity which his parents tried to encourage he stopped doing: for example, he stopped reading.

This type of behaviour frequently made his parents tell him off and a vicious circle was formed which, at the same time, created a sense of guilt on the part of the parents: "perhaps we are not doing things well or we attach too much importance to things than they deserve". The parents tried every type of method to resolve the problem: threatening the child by leaving him on his own for a few minutes, slapping him, banning him from watching the television, maintaining a positive attitude, reducing the degree of interest on the part of other adults, above all regarding the child, etc. According to the parents, Rubén was always like this ever since he was a small child and later it became more exaggerated. The child said that he was not happy like that but that he couldn't change. The disadaptive behaviour was more intense when there were other older people around. The self-esteem of the child was low and other characteristics of Rubén which attracted the parents' attention were his exceptional language ability and his great capacity for logical deduction.

The family was composed of the parents, Rubén and a younger sister, Ana, of two with whom he got on well from time to time. The mother had a university degree and the father had a PhD. Both parents worked: the mother as a midwife and the father as a paediatrician. The financial resources were sufficient to cover the basic needs of the family and they possessed a good home. The parents were aware of their duties and maintained consistent criteria as regards education.

Academic record. He went to a nursery school at 20 months and adapted to it without difficulty. He liked getting his own way, was very playful and he complained that he was bored. At school he also adapted

well. Although his performance was very high, his behaviour was not adaptive, he always had to be the centre of attention, he got into fights easily, he was a trouble-maker, he always wanted to be the leader and he liked to order around. He had very little patience for doing things and showed no interest in doing them well. In general, he was happy at the school. He was in the course year corresponding to him and he attended classes normally.

Socialisation. Rubén was a sociable child. He always liked to be with people and couldn't stand being on his own. He always wanted to speak to someone and for playing games he preferred children of his own age. In his relations with others he was at times tedious. He didn't seem to understand that the rest of his friends and schoolmates didn't want or didn't like the same things that pleased him or that he wanted to do. He had difficulties with interpersonal relationships and always wanted to dominate the others. He was a group leader and if it wasn't him who led, he left the game. Rubén didn't mind being different to the other children and he didn't like to accept what the others said without arguing about it. He thought that he wasn't good, he didn't consider himself happy and he believed that his father wasn't happy because of him. He thought that he didn't fulfil the expectations of his parents towards him.

Behaviour during the examination. Rubén adapted to the evaluation situation. He collaborated with what he was asked to do even though he was restless, open, communicative, but not very thoughtful or persevering. He was friendly and happy. As the sessions advanced he became calmer and more thoughtful. The self-concept of the child as regards his competence was low: "I won't know how to do it". He required the constant supervision of an adult in order to work. He needed praise and stimuli to perform the tasks. He liked to learn and was inquisitive: he asked for a piece of paper to write down the words he didn't know so that he could later ask his parents about them. Rubén justified his bad behaviour in the classroom by saying: "because I like playing the silly ass". During the examination, it was frequently observed that he would put his fingers in his mouth. During the testing he showed no difficulty in following the instructions of the adult.

Summary of the integrated results. His attention and concentration span was very high, corresponding approximately to an age of 9 years 10 months (Digit Retention of the WISC-R, PT= 13; Stanford: approximate equivalent age of 9 years).

His visual memory and visuoconstructive skills were very high, corresponding, according to the correct answers obtained, to an age

equivalent to 9 years and according to the evaluation of errors to an age equivalent to 10 (TRVB, PDA= ?, PDE= 5).

His visomotor aptitude and perceptive maturity was low, corresponding to an age of approximately 6 and a half and 6, respectively (Bender, number of expected errors 5.3, obtained 8; Reversal Test, number of errors expected 9.1, obtained 11; percentile 65).

His academic performance capacity was high, corresponding to an equivalent age of +7 years and six months (Keys, PT= 15). This test is more related to academic performance since it tells us the writing speed. In the psychometric intelligence tests he obtained very high results: higher intelligence (Stanford, IQ= 152; WISC-R, IQ= 128; MSCA, OIQ= 130). The mental age on the Stanford Test was of 11 years 2 months. He performed lower than the average in tasks which involved spatial orientation, memory of shapes and perceptive prediction (Block Design PT= 9, age equivalent to 6 years 6 months; Object Composition PT= 9, equivalent age of 6 years and 2 months; Labyrinths PT= 9, age equivalent to 6 years and 2 months). Significant differences in performance existed between the verbal and the manipulation or performance tests (VIQ= 142, MIQ= 108). Furthermore, within the tests of each scale some very interesting results were observed, among which the high score in comprehension and vocabulary stands out. Rubén was a child with a very high intellectual capacity but with a clumsy motivity and a space-time disorientation which explains the low scores with the Cubes, Jigsaws and Story Ordering.

In practical intelligence, Rubén obtained a PIQ= 142, which indicated certain very high abilities. In comprehension and verbal fluency he reached an age of approximately 11 years (Peabody, confidence intervals of age's equivalent to between 9 years and 6 months and 10 years and 5 months). His numerical reasoning ability and automatic symbol handling was high (Arithmetic PT= 15, age equivalent to 8 years and 10 months). In instrumental learning, mistakes were observed in reading and writing: in writing, letters indistinctly written.

Based on the overall evaluation, **Rubén was diagnosed as a child with higher intelligence: “gifted (intellectual giftedness) with an exceptional ability for learning”.**

Difficulties in reading and writing were observed, significant differences in VIQ and MIQ linked to the space-time orientation, a low visomotor aptitude, and a lack of discrimination in simple right-left symmetries.

In our diagnostic judgement, taking into account the DSM-IV-TR, Rubén also suffered from Oppositional Defiant Disorder and symptoms of attention deficit with hyperactivity were also observed. In

Rubén, the oppositional defiant behaviour was shown in his resistance to orders, active defiance and carrying out acts which annoyed other people. He got angry easily, he shouted and kicked out. He deliberately and persistently pushed the limits established, normally ignoring the rules, disputing or not accepting blame for his acts. The disorder was shown almost invariably in the family environment although it was also clearly shown at school. He was a trouble-maker and always wanted to be the centre of attention by means of unreasonable behaviour. The symptoms of the disorder were usually more evident when he was with adults or schoolmates whom the subject knew well and, therefore, they were not observed during the clinical examination. Given the difficulties of coexistence which it caused fundamentally in the family home, we would specify the degree of seriousness as moderate, since he did not demonstrate seriously bad behaviour.

With respect to **personality**, Rubén was an open and communicative child, but unstable, immature and unable to control his feelings and adapt to the surrounding reality which made him intolerant to his frustrations, restless and dominant. He liked to dictate his opinion on others and ignored his obligations and the social rules, behaving as he saw fit. He was relatively insensitive, unrealistic and unsociable. He was also astute, perspicacious, insecure, frustrated and with a high level of anxiety which made him dissatisfied with his possibilities of responding to the obligations of life and with his successes in what he desired.

Normally, children with this disorder do not consider themselves to be oppositional or defiant but rather they justify their behaviour as a response to unreasonable demands or circumstances.

In our experience, perhaps what has most surprised us is the awareness by the children of their difficulty in behaving well and the sensation that they have that being able to change is beyond their possibilities.

Second sample case:

* **Mario**, a gifted child of 6 years and 4 months with an IQ of 141 who, according to his parents, always identified with the “baddies” in the films. He continually sought to be told off and he found it difficult to follow the rules. During the evaluation he commented that he didn’t know how to obey: “I don’t know how to obey. At school I behave badly because I have a friend who is bad”.

Third sample case:

Another gifted boy with an IQ of 154: **Federico**, at 5 years and 9 months he accepted no rules, he went his own way, was disobedient and when the children he liked didn't accept him he became furious. The problem began in the first year at nursery school and from there worsened. It was more intense in the presence of third persons. At the age of 5, he was expelled from music class for bad behaviour. The child complained that he had bad dreams and told his parents that "the powers of Isis enter me and make me do bad things", or "I'm different from the others, things enter me which make me different" and "I'm your destiny, I'm sorry, every child has a parent".

The child was full of remorse and asked his mother if he was going to go to hell and when she said no, only terrorists went there, he was afraid of being like them and would ask them to take him to the doctor to remove the bad ideas from his head, to stop him doing bad things and hitting his 2-month old little sister. The parents got annoyed when they were told he was a bad boy. Federico returned to our consultancy at 10 years of age. He still couldn't control his impulses, he went his own way and had the feeling that everybody was after him and wanted to harm him.

It was very difficult for the parents to accept the diagnosis of the child and while it is hard for anybody to accept faults, it is even harder to accept the defects of our own children and perhaps the difficulty of lacking awareness of the feelings of others is perceived as one of the most significant defects.

Frequently, the mothers cannot hold back their tears. The fathers usually tend to think that young children behave badly because they are dependent on their schoolmates and allow themselves to be influenced by them, although on many occasions it is they who look for these types of friends and situations because they coincide with their own wishes. When a child misses class, he is influenced by other schoolmates who do it, but he isn't influenced by those who stay in class paying attention to the teachers.

On numerous occasions teachers tend to think that the parents are very permissive or that they spoil their children and let them get away with too much and blame them for the bad behaviour of the children.

We have frequently heard that sensitivity and emotional intensity are characteristics of the highly gifted. They have also been described as being very sensitive to the feelings of others, to criticism and injustice. But, as we have been able to observe, it is not always thus. There are intellectually gifted children who do not appear to be very sensitive to the feelings of others. We understand that all the gifted are more sensitive as regards the perception of the reality which surrounds them since their abstract capacity is greater. But this does not mean that they are more sensitive than other

children to the feelings of others and injustices. Within the group of gifted children there may also be those with little awareness of the feelings of others. The prevalence of Oppositional Defiant Disorder is situated between 2 and 16%, in terms of the nature of the population studied and of the methods of evaluation according to the DSM-IV-TR.

The motive which underlies the anti-social behaviour is “to exploit them before they exploit me”: the children think that those who surround them are against them, that their parents love their brothers and sisters more, that the teachers have it in for them, that the other children annoy them and this distortion of the perception of reality means that they act in consequence of this distortion. They are insensitive to punishments and pain and sometimes appear to provoke it. They like to be the centre of attention and impose their ideas. Anti-social young boys have difficulties in delaying their rewards, resisting temptations and repressing their anger at the slightest frustration. In short, they seek to gratify their desires without bothering too much about the dangers or complications involved.

The prevalence of Oppositional Defiant Disorder, as we have said, is situated between 2 and 16%, in terms of the nature of the population studied and of the methods of evaluation. Attention Deficit Disorder with hyperactivity is common in children with oppositional defiant disorder. The learning and communication disorders also tend to be associated with this disorder (Pichot, 1995).

As adults, children from a more privileged socio-cultural background may progress in the educational and professional ambit to positions of respect. Nevertheless, they continue trying to overcome the emptiness of indifference which they suffered in childhood. As they are not, in a conventional sense, seen as anti-social because of their social success, these individuals always look for enhancement and are competitive, avaricious and boastful. These anti-social people, socially sublimated, can be found among the well-known legal professionals and businessmen, comprising a segment of our respectable competitive society (Millon & Davis, 1998).

CONCLUSION

In this article we have tried to broaden and analyse the characteristics of the pupils with special educational needs who are intellectually gifted. The majority of the children diagnosed as gifted who we have evaluated are children without associated disorders. The associated disorders which we have observed most frequently were: “Attention Deficit Disorder with Disturbing Behaviour”, “Learning Disorders” and “Anxiety Disorders due to Separation”.

The possibility of carrying out a correct diagnosis allows a social and emotional intervention matched to the needs of the children. It also allows the parents to have a more realistic vision, who in general feel very guilty and frustrated by the cause of the disorder and by the implications and educational limitations of their children.

In all these cases, the dysynchrony between the chronological age and the mental age, as well as frustrating personal academic experiences as regards learning levels and their family background, meant that the symptoms of the disorder were greatly exacerbated.

With respect to the psychometric evaluation of intelligence, it is important to consider that, in those gifted children with associated disorders, it is frequent to find a wide disparity of scores. Therefore, it is essential to use different and varied methods for measuring intelligence in order to carry out the diagnosis of the child and it is the whole of the evaluation which will help to form the criteria concerning their educational needs. On the other hand, we should remember that the high scores are never random.

The principal goal of this article derives from an old medical precept: “Don’t ask what illness the patient has, but rather who the patient that has the illness is” (Millon & Davis, 1998). It appears to us a little artificial to deal with the problem of intellectually gifted children as such when, as we have been able to observe, these students are very heterogeneous. But we believe that it is necessary, both for professional teachers as well as for the parents, to understand that education is only possible if we start from the specific knowledge of each child and that all students should be dealt with individually. It is difficult to give general, guiding rules for these children since, within the term “gifted” there are very different personalities, skills and socio-cultural backgrounds.

Implications for Practice and Future Research

Nowadays, an understanding of the characteristics of these children is more relevant than some years ago, given that this knowledge will enable professionals to understand quickly the context in which the problems of the pupils arise. This information is even more important if we take into account the fact that specialists now have the means available to help the students.

In the case of children with associated disorders it is not usual for a single type of treatment to exist. We refer, with the word treatment, to any action which may be necessary to optimise the development of the child in the family, school or social environment.

This treatment may include various approaches: educational, pharmacological and psychological.

1. Pharmacological.
2. Educational backup: for example, special lessons, tutorials, corrections, etc.
3. Psychological:
 - a) Individual, cognitive and behavioural therapy.
 - b) Family therapy.
 - c) Advice for parents and members of the family.
 - d) A multidimensional treatment model which could include certain psychological therapies: individual therapy, family therapy and behavioural modification.

Gifted children with disabilities form a group of children which are under-attended and under-stimulated (Cline & Schwartz, 1999). An approach to the adaptations for their incapacities may exclude the identification and development of their cognitive skills. It is not unusual, therefore, to find an enormous discrepancy between the average academic potential in these students and their real performance at school (Whitmore & Maker, 1985). For these children to be able to achieve their potential it is necessary that their intellectual capacities are recognised and developed and that their disabilities are accommodated accordingly (Willard-Holt, 1994).

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