

10 GIFTED CHILDREN AND DEPRESSION

by **Maureen Neihart, Psy.D.**

Although it is a popular notion that gifted children are at risk for higher rates of depression and suicide than their average peers, no empirical data supports this belief, except for students who are creatively gifted in the visual arts and writing (see Neihart & Olenchak, this volume). Nor, however, is there good evidence that rates of depression and suicide are significantly lower among populations of gifted children.

Epidemiological studies indicate that rates of depression among children and adolescents are at an all-time high and climbing. Prevalence estimates for clinical depression are as high as 9% for young adolescents, and the age of onset continues to drop (Garrison, Addy, & Jackson, 1992; Lewinshohn, Rohde, Seeley, & Fischer, 1993). Girls are twice as likely as boys to develop depression (Birhmaher, Ryan, Williamson, Brent, & Kaufman, 1996). Many depressed children think

about suicide, and the rate of suicide among adolescents has skyrocketed in the last three decades, up as much as 300% for older adolescent males (Kerr & Milliones, 1995). As many as 10% of adolescents make at least one suicide attempt or gesture, and suicide is the second leading cause of death in this age group. In their thorough review of the literature, Gust-Brey and Cross (1999) concluded that there is no empirical evidence that rates of depression or suicide among gifted youth are higher or lower than the rates observed in epidemiological studies.

Risk Factors for Depression

Several writers have proposed that some of the identified characteristics of high-ability children may be risk factors for depression (Altman, 1983; Delisle, 1982; Dixon & Scheckel, 1996; Hayes & Sloat, 1990; Jackson, 1998; Lajoie & Shore, 1981; Leroux, 1986; Webb, Meckstroth, & Tolan, 1993). Specifically, gifted children's high cognitive functioning, asynchronous development, and tendency toward perfectionism, sensitivity, and social isolation are viewed by some writers as risk factors for psychopathology in general and depression and suicide in particular (see Silverman, Gross, & Schuler, this volume). On one level, this syllogistic reasoning seems to make good sense. Advanced cognitive functioning might be stressful if and when it leads to imposing critical judgments and high standards on oneself and others. Unrealistic expectations can cause chronic stress, which may, in turn, lead to poor self-esteem, anxiety, and depression (Blatt, 1995; Hamachek, 1978; Seligman, Peterson, Kaslow, Tannenbaum, Alloy, & Abramson, 1984). Advanced intellectual abilities also incline gifted youth to affiliate with older individuals than themselves, resulting in greater exposure to adult conflicts and problems (Gross, 1993; Janos, Marwood, & Robinson, 1985). This exposure may be an additional source of stress that average-ability children do not experience. It may also leave gifted children with a greater sense of frustration or powerlessness if they perceive themselves as helpless to change situations that they view as grossly unjust.

Asynchronous Development

Asynchronous development (defined as the early onset of some developmental stages) has been identified as an etiological factor in psychopathology during adolescence (Peterson & Craighead, 1986; see also Silverman, this volume) and has been proposed as a risk factor for depression among gifted children. The high-ability child's development may differ so much from the norm that he or she experiences additional stress and social isolation. Gifted children may experience less predictability about their development and may not receive the emotional or social support of a peer group that experiences similar kinds of changes.

Perfectionism

Perfectionism is a multidimensional construct often described as a combination of thoughts and behaviors associated with high expectations for self and others. In its negative or neurotic form, perfectionism is associated in the clinical literature on general populations with a wide range of medical and emotional problems, including depression and suicide (Adkins & Parker, 1996; Blatt, 1995; Callahan, 1993; Hewitt, Flett, & Ediger, 1996; Parker, 2000). This association has led some to conclude that perfectionism is a risk factor that contributes to depression. Perceived parental and societal pressures to perform combined with feelings of inadequacy may contribute to an exaggerated fear of failure and negative self-evaluations. However, recent studies on perfectionism in gifted students conclude that, while many gifted students are perfectionists, they tend to have the adaptive form of perfectionism that stimulates high achievement, rather than the maladaptive form associated with depression and suicide (Parker; Parker & Mills, 1996; Schuler, 2000).

Social Isolation

Since social isolation is often associated with depressed mood in children and adolescents, it has been speculated that the social isolation some gifted children experience may increase their risk for

depression and suicide (Jackson, 1998; Webb, Meckstroth, & Tolan, 1993). Social isolation may be a common experience among highly gifted children who are not radically accelerated and among many moderately gifted students who do not receive appropriate educational services (Freeman, 1979; Gross, 1993; Janos, Marwood, & Robinson, 1985; Kaiser & Berndt, 1985). It seems to be more of a problem for gifted children under the age of 10 who have less mobility to access intellectual peers.

However, developmental studies of depression in children have not found social isolation *per se* to be a risk factor for depression in the general child or adolescent population. Also, the fact that social isolation is often associated with depressed mood does not mean it causes or contributes to the depression. It may be the reverse: Depression may lead children to withdraw, creating greater social isolation (National Institute for Mental Health, 2000). Further, the evidence indicates that various groups of gifted children interpret their social isolation differently, with some not perceiving it as negatively as others (Cross & Coleman, 1988; Cross, Coleman, & Stewart, 1995; Gross, 1993). It is also important to distinguish between loneliness and solitude because only loneliness correlates with depression (Kaiser & Berndt, 1985), while solitude can be adaptive in reducing stress and encouraging independent, creative work. Hence, the role of social isolation in the development of depression among gifted children is simply not clear at this time.

Sensitivity

It is easy to imagine how people who are sensitive may suffer more from social injustices, personal losses, slights, and perceived rejections. Gifted children may experience high levels of frustration or concern when they are intellectually capable of understanding the nature and severity of personal and global injustices, yet feel powerless to act toward them (Gross, 1993). Although it is reasonable to conclude that this sensitivity might be a contributing factor in a gifted child's depression, no studies have confirmed this to be the case.

Group Differences

Many studies have explored differences in depression among samples of average and gifted students by comparing subscale and composite scores on standardized inventories or checklists (Baker, 1995; Bartell & Reynolds, 1986; Demoss, Milich, & DeMers, 1993; Kaiser, Berndt, & Stanley, 1987; Metha & McWhirter, 1997). Scores on these measures consistently suggest that gifted students do not manifest higher levels of depression than their peers, and that when significant differences do arise between scores of high- and average-ability students, differences are in the positive direction for the high-ability group.

However, this research does have serious limitations in regard to sample selection. It tends to focus primarily on White gifted students who are already formally identified and participating in special programs. It is quite possible that many gifted students, particularly those with serious behavior problems or emotional concerns, are not referred for identification for such programs or that they may choose not to participate. The samples used in most of the available studies may be biased against gifted students with the most serious mental health concerns.

Some writers have concluded that there are qualitative differences in the depression of gifted and average children (Berndt, Kaiser, & Van Aalst, 1982; Jackson, 1998; Webb, Meckstroth, & Tolan, 1993). One frequent observation is that gifted adolescents are more likely to experience a premature existential depression (struggling with questions about the meaning of life) than are their average peers as a result of mature cognitive abilities, advanced moral reasoning, and heightened sensitivity, although this idea has not been tested empirically.

Protective Factors

The role of protective factors is usually overlooked in discussions about the emotional adjustment of gifted children, but it is an important consideration that may help explain the differences observed in subgroups of gifted children. Some characteristics

common among gifted students have been cited as protective factors in studies that examine variables associated with the achievement of social competence and emotional health in children and adolescents. For instance, high intelligence, problem-solving abilities, advanced social skills, androgyny, advanced moral reasoning, and outside interests have been identified in risk and resilience research as factors that mediate the potential negative effects of adversity in children, contributing to lower rates of depression (Earls, Beardslee, & Garrison, 1987; Garnezy, 1984; Rolf, Masten, Cicchetti, Nuechterlein, & Weintraub, 1990; Rutter, 1987). Findings like these suggest that, even when some gifted children are exposed to higher levels of stress, their personal characteristics may ameliorate the negative impact that leads to negative outcomes in other children.

Summary

With the exception of creatively gifted adolescents who are pursuing high achievement in the visual arts and writing (see Neihart & Olenchak, this volume), studies have not confirmed that gifted children and adolescents manifest significantly higher or lower rates or severity of depression than is observed in the general population. Gifted children's advanced intellectual functioning, social isolation, sensitivity, and asynchronous development may be etiological factors when they become depressed, but this link has not yet been systematically investigated. What are needed are controlled studies that compare depressed gifted children with gifted children who are not depressed and studies that compare quantitative and qualitative differences in the course and outcome of depression between gifted and nongifted youth. There is also a need for careful studies of subpopulations of gifted students, such as those with learning disabilities, those who are primarily gifted in nonacademic areas, and gifted children from various cultural groups, all of whom are often underrepresented in studies of gifted children's adjustment.

Those interested in the emotional well-being of gifted children should not neglect the important role of protective factors in ameliorating risk for depression and suicide. Evidence from research on risk

and resilience in children and adolescents suggest that, just as there are characteristics of gifted children that may heighten risk, there are also characteristics that may buffer them from the negative effects of unique stressors. Future studies will need to consider the broader picture. It is possible that it will be among some of the most able young people that we will discover the clues to lifelong optimal health.

References

- Adkins, K. K., & Parker, W. D. (1996). Perfectionism and suicidal preoccupation. *Journal of Personality, 64*, 529-543.
- Altman, R. (1983). Social-emotional development of gifted children and adolescents: A research model. *Roeper Review, 6*, 65-67.
- Baker, J. A. (1995). Depression and suicidal ideation among academically talented adolescents. *Gifted Child Quarterly, 39*, 218-223.
- Bartell, N. P., & Reynolds, W. M. (1986). Depression and self-esteem in academically gifted and nongifted children. *Journal of School Psychology, 24*, 55-61.
- Berndt, D. J., Kaiser, C. F., & Van Aalst, F. (1982). Depression and self-actualization in gifted adolescents. *Journal of Clinical Psychology, 38*, 142-150.
- Birmaher, B., Ryan, N. D., Williamson, D., Brent, D. A., & Kaufman, J. (1996). Childhood and adolescent depression: A review of the past ten years. Part I. *Journal of the American Academy of Child and Adolescent Psychiatry, 35*, 1575-1583.
- Blatt, S. J. (1995). The destructiveness of perfectionism: Implications for the treatment of depression. *American Psychologist, 50*, 1103-1020.
- Callahan, J. (1993). Blueprint for an adolescent suicidal crisis. *Psychiatric Annals, 23*, 263-270.
- Cross, T. L., & Coleman, L. J. (1988). Is being gifted a social handicap? *Journal for the Education of the Gifted, 11*, 41-56.
- Cross, T. L., Coleman, L. J., & Stewart, R. A. (1995). Psychosocial diversity among gifted adolescents: An exploratory study of two groups. *Roeper Review, 17*, 181-185.
- Delisle, J. R. (1982). Striking out: Suicide and the gifted adolescent. *Gifted/Creative/Talented, 24*, 16-19.
- Demoss, K., Milich, R., & DeMers, S. (1993). Gender, creativity, depression, and attributional style in adolescents with high academic ability. *Journal of Abnormal Child Psychology, 21*, 455-467.
- Dixon, D. N., & Scheckel, J. R. (1996). Gifted adolescent suicide: The empirical base. *The Journal of Secondary Gifted Education, 7*, 386-392.
- Earls, F., Beardslee, W., & Garrison, W. (1987). Correlates and predictors of competence in young children. In A. Cohler & B. J. Cohler (Eds.), *The invulnerable child* (pp. 70-83). New York: Guilford Press.
- Freeman, J. (1979). *Gifted children*. Lancaster, England: MTP Press.

- Garnezy, N. (1984). Stress-resistant children: The search for protective factors. In J. E. Stevenson (Ed.), *Aspects of current child psychiatry research* (pp. 213-233). Oxford: Pergamon Press.
- Garrison, C., Addy, C., & Jackson, K. (1992). Major depressive disorder and dysthymia in young adolescents. *American Journal of Epidemiology*, *135*, 792-802.
- Gross, M. (1993). *Exceptionally gifted children*. London: Routledge.
- Gust-Brey, K., & Cross, T. L. (1999). An examination of the literature base on the suicidal behaviors of gifted children. *Roeper Review*, *22*, 28-35.
- Hamacheck, D. E. (1978). Psychodynamics of normal and neurotic perfectionism. *Psychology*, *15*, 27-33.
- Hayes, M., & Sloat, R. (1990). Suicide and the gifted adolescent. *Journal for the Education of the Gifted*, *13*, 229-244.
- Hewitt, P. L., Flett, G. L., & Ediger, E. (1996). Perfectionism and depression: Longitudinal assessment of a specific vulnerability hypothesis. *Journal of Abnormal Psychology*, *105*, 276-280.
- Jackson, S. (1998). Bright star—black sky: A phenomenological study of depression as a window into the psyche of the gifted adolescent. *Roeper Review*, *20*, 215-221.
- Janos, P. M., Marwood, K. A., & Robinson, N. M. (1985). Friendship patterns in highly intelligent children. *Roeper Review*, *8*, 46-49.
- Kaiser, C. F., & Berndt, D. J. (1985). Predictors of loneliness in the gifted adolescent. *Gifted Child Quarterly*, *29*, 74-77.
- Kaiser, C. F., Berndt, D. J., & Stanley, G. (1987). *Moral judgment and depression in gifted adolescents*. Paper presented at the Seventh World Conference on Gifted and Talented Children, Salt Lake City, UT.
- Kerr, M. M., & Milliones, J. (1995). Suicide and suicidal behavior. In V. B. Van Hasselt & M. Hersen, (Eds.), *Handbook of adolescent psychopathology: A guide to diagnosis and treatment*. (pp. 653-664). New York: Lexington Books.
- Lajoie, S. P., & Shore, B. M. (1981). Three myths? The over-representations of the gifted among dropouts, delinquents, and suicides. *Gifted Child Quarterly*, *25*, 183-243.
- Mcroux, J. A. (1986). Suicidal behavior and gifted adolescents. *Roeper Review*, *9*, 77-79.
- Lewinshohn, P., Rohde, P., Seeley, J., & Fischer, S. (1993). Age-cohort changes in the lifetime occurrence of depression and other mental disorders. *Journal of Abnormal Psychology*, *102*, 110-120.
- Metha, A., & McWhirter, E. H. (1997). Suicide ideation, depression, and stressful life events among gifted adolescents. *Journal for the Education of the Gifted*, *20*, 284-304.
- National Institute for Mental Health (NIMH). (2000). *Depression in children and adolescents: A fact sheet for physicians*. Maryland: Author
- Parker, W. D. (2000). Healthy perfectionism in the gifted. *Journal of Secondary Gifted Education*, *11*, 173-182.
- Parker, W. D., & Mills, C. J. (1996). The incidence of perfectionism in gifted students. *Gifted Child Quarterly*, *40*, 194-199.

- Peterson, A. C., & Craighead, W. E. (1986). Emotional and personality development in normal adolescents and young adults. In G. L. Klerman (Ed.), *Suicide and depression among adolescents and young adults* (pp. 17-52). Washington, DC: American Psychiatric Press.
- Rolf, J., Masten, A., Cicchetti, D., Nuechterlein, K., & Weintraub, S. (Eds.). (1990). *Risk and protective factors in the development of psychopathology*. New York: Cambridge University Press.
- Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, *57*, 316-331.
- Seligman, M. E. P., Peterson, C., Kaslow, N. J., Tannenbaum, R. L., Alloy, L. B., & Abramson, L. Y. (1984). Attributional style and depressive symptoms among children. *Journal of Abnormal Psychology*, *93*, 235-238.
- Schuler, P. (2000). Perfectionism and gifted adolescents. *Journal of Secondary Gifted Education*, *11*, 183-196.
- Webb, J., Meckstroth, E., & Tolan, S. (1993). *Guiding the gifted child*. Columbus: Ohio Psychology Press.