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Danışmanlığa Gereksinimi Olan Üstün Yetenekli İki Kardeşle Karşılaşıldığında Kime Danışmanlık Yapılmalıdır?

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ÖZET: Çok az araştırılan olgulardan bir tanesi üstün yetenekli çocukların danışmanlığında ailenin danışmana gittiğinde iki kardeşten danışmanlığa getirilmeyenin aslında diğerinden daha çok danışmanlığa ihtiyaç duyduğu durumdur. Sorun şu, danışmanlığa gelen kardeşin aslında danışmanlığa çok fazla ihtiyacı olmayan kardeş olduğunda ne yapılmalıdır? Bu durum ne gibi terapatik ve etik sonuçlara sahiptir?. Bu sorulara cevap bulmak için "durum çalışması" yöntemi kullanılmıştır. Bu makalede, danışmanlığa gelen ve çocuklarını "üstün yetenekli" ve "üstün yetenekli olmayan" diye niteleyen üç ailenin durumu betimlenmiştir. Bu ailelerin danışmana gelme amaçları mutlu olmasını istedikleri üstün yetenekli çocukları iken, asıl yardıma ihtiyacı olan, göz ardı edilen ve üstün yeteneklere sahip olmayan kardeş olduğu görülmüştür. İncelenen bu üç durum karakteristik açıdan birbirinden farklıdır.

Anahtar Sözcükler: danışmanlık, kardeşler, tedavi

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Who Is To Be Treated When There Are Two Gifted Siblings Who Need Counseling?

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ABSTRACT: One of the less investigated cases in counseling gifted children is the case where the child who is regarded as gifted disabled by the parents is most in need than the child regarded as "gifted". What should be done in this occasion? What are the therapeutic and ethical consequences? In order to answer these questions, case study method was used in this study and three cases of parents seeking counseling were described. The aim of these parents for seeking counseling for their gifted child was that they wanted her or him to be happy, while another sibling was in most need for counseling. Each of these investigated cases is different from others in all characteristics.

Key words: counseling, siblings, treating

INTRODUCTION

One of the phenomena not widely explored yet in counseling children is that after parents turn to a counselor for their child, and many a time even after the counseling process with the child has already started, it becomes obvious that the child who is most in need for it is not necessarily the child in treatment but rather her or his sibling. The question: "what should be done when the child in treatment is not in the greatest need for it among the siblings?" has both therapeutic and ethical consequences. In this article I will describe three cases of parents who came to me for counseling regarding their gifted or gifted-disabled child, and later I have learnt that the main problem was that of another child in the family. Each of these cases is different from the others in all possible characteristics, such as the timing of the "revelation of the secret"; the "opening" of the "problematic sibling issue"; the person telling me about it and the way I have been treating the case after the "revelation".

These cases will assist me to demonstrate various issues connected to this special situation, and I will suggest some practical ways to help the child most in need – rather than the child the parents think is most in need, get therapy. This issue is but one of a whole corpus of problems related to situations when the patient is not paying for the treatment – which is always when the patient is a child or an adolescent. In the summary of the case-studies I will introduce the insights I have acquired, and above all – the importance of the intake interview.

"We just want our child to be happy" – Parents' perception of their children's happiness. Most parents coming to me for a counseling meeting regarding their gifted children start the meeting with the sentence: "we just want our child to be happy". Each time I hear this sentence I know that the parents are convinced that what they want is something tiny, just minimal, and I am the person who is to give them the miraculous formula enabling them to fulfill this small wish. However, in most cases this requirement hides many others. Furthermore, this wish is based on the assumption that these good parents are quite modest; while other parents unquestionably want their child will be the most successful in school, or a great sportsman, their daughter will be a notable beauty, they are to be satisfied with just one thing: that the child will be happy.

In addition to these two assumptions, namely, that "the child be happy" is a modest wish and the parents coming to me for fulfilling it are unlike others who have great expectations for their children, there is another, very problematic basic assumption many parents hold to: that there is tight connection, maybe even a high positive correlation between the wishes of the parents and the level of happiness of their children. There is hardly any space for variables such

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as heredity, temperament, environmental factors that parents have no control of and educational ingredients responsible for the increase or decrease in the level of happiness.

METHOD

In *Understanding Giftedness: A Chinese-Israeli Casebook* David & Wu (2009) have described in detail the reasons for using case studies as one of the main methods in studying the gifted. Here are some of them:

> Writing a case study is like wearing double-focal glasses. On the one hand, the writer must get very close to the subject or the subjects of writing. He or she is expected not to miss any relevant detail or uncovered data that might turn out to be of crucial importance to understanding the story. However, the requirement of using magnifying glasses, in order to see a fuller view of the case does not eliminate the necessity of being acquainted with a wide background, a substantial amount of literature, and in many times – a wide worldview where he or she can place their case, as is done with a missing piece in a complicated puzzle.
>
> Not a lesser task the writer of case studies has to deal with is the double-edged demand he or she faces. As a case study belongs to a certain genre, namely, it is a sub-group of qualitative research, it has to oblige to the rules of a "scientific study". It has to be written in a certain way, use certain tools, rely of certain sources, and use specific language (Ragin, 1992; Ragin & Becker, 1992; Stake, 1995, 1999, 2000; Sturman, 1999; Yin, 2009). At the same time it must be interesting; tell a story fluently; make the reader feel concerned about the lives of the persons appearing in the story. The reader of an interesting case study, as will hopefully be the readers of this book, will even eventually develop a wish for a "happy end": a "success story" where the hero does not necessarily "live happily together ever after", but rather: "materialized her aspirations", "made his hopes come true", or "made his parents, educators and the whole community proud of his success" (ibid, p. 4).

The case-studies methods, well-known since Freud who had based his theory of psychoanalysis on it (ibid, p. 8), is up to now the base of every new psychological theory. As every gifted child is different from any other regarding her or his cognitive abilities, interests, fine- and gross motor abilities, emotional state, social position, familial circumstances and many more components, there is no way to understand in depth either the emotional or the cognitive needs of the gifted child, and thus the remain unfulfilled.

The case studies I hereby described are all the fruit of my work in my private clinic. The children and their parents seeking help for a variety of problems tend, by no means, to get any reward for their giftedness, and thus their stories are reliable and sincere. The reader will get a glimpse to a problem discussed very often in the psychological literature in general, but still not in the literature about gifted children.

Case-study: The unhappy boy and the miserable girl

A pair of parents called me regarding their 10-year old gifted son. We set an appointment for the 90-minute intake interview, which is a prime condition for any intervention with me (David, 2010). The meeting started with the expected sentence: "we just want our son to be happy". When I asked them to explain what they meant by "happy" their answer was: "we want him to have many friends". "What is his present situation regarding friends?" I asked. "He has very few friends and that is why he is unhappy" was the answer. According to them, there was a confirmed causal connection between "not having many friends" and "being unhappy". The assumption that children prefer not to become friends with their unhappy peers, or the possibility of having many friends and still be unhappy were not perceived by them as possible.

The parents mentioned at the beginning of the conversation that they also had an 8-year old daughter, and a kindergartner son. I tried time and again to get a broader view about the relationships among the siblings, as well as in each child-parent dyad, but during a substantial

time I had the feeling that the parents were intentionally avoiding this subject. I assumed that they either made a false assumption that all these details were unneeded at such an early stage of the intervention, or that they were ashamed to tell me some details they had perceived as embarrassing. About 15 minutes before the end of the meeting the father had burst out saying: "our daughter had threatened several times to commit suicide ".

I realized that in spite of the extreme distress of the daughter the parents came to me for counseling their son. When I asked them why they chose to help their son rather than their daughter they said: "our daughter is not serious"; and "she is too young". On the other hand, they said, the son was expressing his dissatisfaction from school every day, complained of having no friends, said he wanted and needed friends, and thus "we must help him". When I asked: "Do you think your daughter is happy?" they answered: "she is just 8, she has many friends, and she is not serious, she just tries to frighten us. If we pay too much attention to her threatening it will motivate he to keep doing that".

I told the parents they had to get immediate help for their daughter, and that suicide threatens must be taken seriously at all ages. By no means did I give any indication that I did not take the son's problem, or the parents' wish to solve it, seriously, neither did I try to disregard the pain they felt because of their son's social situation. However, when a child threatens to kill her- or himself, and the parents seek help for another sibling, the duty of the counselor is to do anything possible to refer the parents to get help for the child who must be treated urgently. In this case, had I accepted the son for an intervention process while the daughter was not getting help, I would have exposed the family to an additional risk factor; by doing that the therapy this family needs would have probably been postponed. Thus it is necessary that once the "secret' is revealed everything possible should be done in order to have the child most in need is referred to therapy.

It should be taken into consideration that referring a family member to high cost private counseling might be perceived by the parents as an attempt of the counselor to make either direct profit, by suggesting that this family member would be treated by her or him, or indirectly, when the counselor refers the family to another professional, which might be interpreted as "referring to a colleague" with whom he or she has a "mutual referring" arrangement. Thus, when such a case takes place in a private clinic the most ethical thing would be to refer the family to a public institution, such as a mental health clinic or a municipal center for child psychology, in order to be ethical and increase the motivation of the family to seek help.

In this case I had to "put aside" the son who, according to the parents: "was unhappy because of not having many friends". As painful as it was, I also had to put aside the issue of the parents' responsibility to their children's happiness. In contrast of my usual conduct, when I wait for the parents to contact me, believing that only when they do that they are ready for the process of therapy, I emailed the family two weeks later asking about the girl. Getting no answer I sent another mail, and finally was informed that the family had made an appointment for the girl in a public clinic.

"We are already exhausted" – On the parental exhaustion of parents of learning disabled children

Raising children is indeed very exhausting: for the mother, who has to carry the child inside her for nine months, the work starts sometimes a short time after getting pregnant, with the nausea, the daily vomiting, sensitivity to smells, and the continuous fatigue. Giving birth is sometimes painful, long or even involving an operation and the healing time after it. Staying in the hospital might be very tiring as well: a hospital is not a 5-star hotel, usually the new mother does not get enough sleep; she has to share her most intimate space, in a most vulnerable time, with strangers. When arriving home, even when the mother gets help from her spouse or another adult, it seems, in many times, that the work that must be done never ends. The picture of a young father who comes to work unshaved, wearing a wrinkled shirt and having rings around his eyes is quite common; the expression: "we just had a baby thus we are very tired" had become common among new fathers and not just among mothers.

In most cases, as the child grows up, the parents get longer and more quite nights. The days are also filled with various activities that are not necessarily the sole responsibility of the parents, and the sleeping hours, as well as day-naps, become more and more regular. However, this is not the case with children with disabilities and developmental delays. Such children require and need attention, time, energy, money and transportation at a much higher rate that child without disabilities. Children with learning disabilities require, sometime even at a very young age, "intensive parental hours". For example: ADD, and especially ADHD, requires a huge amount of parental investment even when the child is 2-3 years old. At about age 5, while the child is in "compulsory kindergarten",[1] conscious and educated parents start suspecting the existence of disabilities such as dyslexia, dyscalculia or dysgraphia. Unlike as with regular children, when the parental investment deceases with time, when a child has a learning disability it is the other way round. When years go by, the gap between the potential cognitive abilities and the actual performance widens. This situation causes, in most cases, frustration, despair, depression and even behavioral disorders among children, while the exhaustion of their parents is increasing with time.

As schools for high-ability disabled children are very rare, such children, unlike disabled children with below average intelligence, usually learn in regular classes, where their high abilities compensate for the areas where their disabilities prevent them from materializing their high potential. Thus, the parents of these high ability disabled children are in charge of their intellectual development, in addition to their basic learning. This double-task is very tiring, and in many cases such parents feel they are at the breaking edge.

Case-study: The gifted child and the anorectic child

The family came to me for counseling because their son Or, aged 15, identified in early childhood as suffering from several learning disabilities, had severe learning difficulties in high school. It seemed that the pile of private tutors, accompanying him through the years, were a burden not only to the family's budget – this 2-salary family had spent one of the salaries on private tutoring since grade 1 – but also on the son. Not only did Or suffer because he hated knowing that his parents were investing so much in his education, but he also started feeling that with longer school hours, his organization problem, typical to many disabled children, had become unbearable. In addition to classes and chess playing – his hobby since age 7, Or had to go to at least one private tutor every afternoon. As a result, he had no time to practice in the way most efficient for him: striving for deep understanding by dividing the learning material to small parts, do many rehearsals and re-check the learnt materials time and again a few times until mastering it.

Or and I made a good contact right in the first meeting. I learnt that because of his disabilities, one of which was dyslexia, as well as an eating problem during childhood, his parents were very protective towards him, and he was treated very carefully in school as well: he got a special permission to arrive late at school, his parents served as "accompanying parents" in all school activities, and he was driven everywhere, even at the age when adolescents usually prefer not to show up with their driving parents. In addition, due to his learning disabilities, he was never offered an academic activity where his high abilities had a potential of excellence. He was not aware of the possibility to study mathematics at a higher level, more suitable for him, he was not sent to scientific afternoon activities in ecology, brain sciences, medicine, or electronics – subjects he found interesting once they were introduced to him. His chess group was the only place where he had any intellectual stimulus. Or felt at home there, as his dyslexia had no importance whatsoever in the chess club. Most important for him was meeting friends, teen-agers with whom he had long conversations, as many of them had similar interests, similar feelings and similar thoughts.

[1] In Israel they have just changed the law and thus compulsory education will start at age 3. As this law is not forced yet, and as in most developed countries compulsory education does not start before this age, I indicated age 5 as the mean age when a child starts being a part of the public education system.

About eight weeks after our weekly meeting started Or told me he suspected that his brother, who was 3 years younger than him, was anorectic. As Or was a serious adolescent, mature and reasonable, with a high level of empathy and surprisingly accurate insights about others, I thanked him for what he said, and told him I was to check it in my next meeting with his parents. And indeed, right in the beginning of the following parent instruction meeting with Or's parents I said: "would you care to tell me more about Gilad?" "We constantly quarrel with him because he refuses to eat" was their answer. When I asked them to tell me more about Gilad's activities they told me he had started artistic gymnastics at age 7, but "in the last years he is doing gym like crazy", and it seems that "he becomes thinner all the time". When asking: "what did you do about it" they said: "we tell him all the time that if he does not reduces his practicing and start eating like a human being, he will have no energy for gym". "And what is the influence of what you tell him on his conduct?" I asked. "It has no influence al all" was their answer. "He carries on as if he does not hear what we say. It is rather surprising, because he is preparing meals all the time, feeds us all, sets the table nicely for family meals…". When asking about his height and weight they said: "we think he is 153 cm tall, but we are not sure how my he weights…". At this stage I stopped them and said: "didn't you think he needed help?" "Yes, indeed, maybe you should meet him" was their answer. "No" I said. "He needs a counselor of his own, and it must be done immediately. His situation should first be assessed, and then a decision should be made as to what exactly should be done, and who is to be involved: a psychologist, a dietician and maybe a psychiatrist as well".

During that week the parents took Gilad's to his GP, who referred them to the public eating disorders clinic immediately after weighing Gilad. The process this family had to go through was very long and painful. Surprisingly, Or had made a substantial "growing jump" during this difficult time. First, he was justifiably proud that his attention started the treating of his brother's anorexia. In spite of the fact that anorexia is considered a feminine disorder, it does exist among boys as well, and Or was the first to notice it and seek help for his brother. In addition, when the parents had to focus on Gilad, it enabled Or to get a higher level of freedom and independence. For the first time in his life he got an opportunity to handle his difficulties on his own. He failed many times, but he also learnt to overcome failures and strive for success in spite of them.

"We cannot stand watching our daughter suffering so much from boredom – who is "the suffering child?"

It is common knowledge among professionals that the use of the word "suffering", when referring to a disability or disorder, is sometime problematic, as in many cases the main "sufferer" is not the one with the disability or disorder. This is the situation, for example, among many mental illnesses, especially those that without medical treatment are accompanied with psychotic episodes. For example: during a manic episode the ill person is not "suffering"; in most cases he or she would define themselves as very happy. It is well documented that many people with bi-polar disorder refuse medication because they do not want to end the happiness they feel during manic situations, a feelings that does not occur when medically balanced. Schizophrenia, known in its high rate of suicide cases, is dangerous especially when medically balanced, that is when the patient usually suffers from a deep depression. Getting out from the psychotic situation, when aware of their situation, makes many ill people kill themselves rather than being disconnected to reality. However, persons with either of these disorders or illnesses are sometimes dangerous to others; the main sufferers are the people around them, their family members, others who take care of them and people in their immediate neighborhood.

In many disorders that do not involve psychotic episode the situation is similar. A good example will be what is called "conduct disorder". It is characterized by repetitive cases of aggression to people and animals, violation of social norms, violent behavior, bullying and destruction of property, etc. Such a behavior might be extremely difficult to stand for anybody around the "disturbed person", but this person does not suffer from it, but rather – in many cases he or she enjoys while doing it. If we let the child or adolescent with conduct disorder decide whether to treat it is quite clear what would the decision be. There is no chance that the person

with conduct disorder, characterized by absence of empathy towards those suffering from all these behaviors it includes, will want to treat the disorder that does not disturb her or him at all. It can even be assumed, that the person with conduct disorder will define her- or himself as "happy" or even "very happy". In all cases he or she will be much happier than all others around. If this person is still a minor, living with her or his family, most probably those who suffer most from the disorder will be the parents. Thus, it is clear that such parents will not seek counseling in order to make their child happier. If they are to seek help they are to do that in order to make their child change her or his behavior, even if as a result the happiness level of that child is to decrease. However, the parents know that if the conduct disorder of their child is to be treated, and a result its symptoms will substantially decrease, the level of their unhappiness is to decrease, even if they are not to be happy.

Case-study: The bored girl and the boy with the conduct disorder

Shai is a 9-year old clever, hard-working, tall and well developed girl, with a delicate face, brown skin and green eyes. Her parents came to me because of a very common problem among the gifted: being bored at school. During the intake interview the parents told me that Shai was not miserable: she had satisfactory social life, she was considered popular in her class, the teachers liked her, and so did all instructors of her afternoon activities: Jazz, ceramics and mazes and dragons. According to the parent, the boredom of their daughter escalated at the beginning of grade 4. Afternoon activities for the gifted started in their hometown in grade 4, but Shai was not entitled to participate as she: "had failed in the second stage of the identification for giftedness process" (David, 2011). The parents were convinced that the experience of failing was quite traumatic for their daughter (David, 2012) and correctly concluded that the complaints about boredom were connected to that failure, as even if the girl had been accepted to the gifted program she would have "escaped" the boredom of her class only once a week, while she would still be in her regular classroom 5 days a week, and these 5 days would be no less boring…

In our weekly meetings I found that Shai was a communicative and eager to please. To each activity I suggested she gave a superlative such as "wonderful", "interesting", or "marvelous". In the first weeks of our meetings, as we were getting closer, we practiced saying sentences such as "I don't want", "I don't feel like doing it", or "I wouldn't do it". I told her that when with me, it was ok to shout, to sing aloud, or to role on the chair from one corner to the other – even while talking.

Soon enough Shai started to talk about her older brother who was mentioned very briefly in the intake interview. She said, that "Ilan does not live it home because there were problems". She did not choose to elaborate, so I did not ask her for more details. But at the beginning of the next parental instruction session said: "Do you want to tell me anything about Ilan?" "What do you want to know?" the mother asked. I said: "Shai told me that he did not live at home. Why is that so?" The mother hesitated a little, but the father said, that Ilan had been diagnosed as having conduct disorder while still very young. He used to break things such as parts of furniture and even windows and doors while still in elementary school; bit and injure other children and teachers, and run away from school whenever he felt like it. When asking: "has it been suggested that he got treatment?" the answer was: "yes, the school counselor spoke with him, the school psychologist met him once, but as Ilan did not cooperate with him the whole subject was let go". "So what happened that made him leave home?" I asked. The answer was that when Ilan was already 13, he had run away again, and was not found for two days. He got on a truck that headed to the north, and went off when he was about 200 km from his hometown. He was caught by the police who recruited a large force for looking for him.

As Ilan was staying in a special boarding school for adolescents with behavioral problems, and came home for a weekend only once in a while, the parents realized they had no control on his treatment. However, filed with guilt feelings, they were overwhelmed with worries concerning their daughter, and it was difficult for them to deal even with the more banal, usual difficulties she had experienced. In this case, my intervention started before I knew about the problem the family was dealing with. In addition, due to the fact that Ilan was not

living at home he received public treatment. Thus, the parents were those suffering most from the situation, having to deal with disappointment, failure and shame. Their anxiety level was high, and their fears made their lives – as their daughter's – quite difficult.

After one-year intervention with me Shai re-took the identification for giftedness examinations and this time she "passed' them and was accepted to the weekly enrichment program in her hometown. The daily boredom in her class was still bothering her, but she re-gained her self-confidence, and she met new, intelligent and creative friends at the enrichment program. The parents also were stronger; they felt they were ready for having their son back at home and their "parental capability examination" showed that indeed – it was time for Ilan to return home. When they asked me to be his counselor, as the treatment with their daughter was already finished, I had to refuse because the "cooling-off period" was not long enough, and Shai had to start treatment upon returning home, without any delay. In addition, though I had but very limited data, I thought – as did the team in the boarding school – that Shai had better have a male counselor. The parents accepted this recommendation.

DISCUSSION AND CONCLUSION

In my opinion, the most important insight that can be concluded from the presented cases is the importance of the intake interview. There are three main principles that must not be compromised: 1. The 90-minutes intake interview (David, 2010) cannot be cancelled or even shortened under any circumstances; 2. This meeting must be with both parents; 3. When feeling that one meeting was not enough for covering all issues, no decisions should be made before another appointment is organized.

While parents seeking counseling in a public clinic would find it very difficult to argue about the number of meetings needed for the intake interview, parents who prefer a private clinic sometimes do that. Some parents find it difficult to understand why they must "waste" an hour and a half before making a decision whether the child needs treatment or not; others meet me after they had decided their child needs treatment, and do not accept the possibility that a throughout intake interview might reveal that it is better if the parents get instruction or even treatment. In addition, many parents coming to me are angry with the school, the teachers, the school counselor and psychologist – even the department of education, and during the intake meeting they let out this anger time and again. As a result, when their 90 minutes are over they get angry with me because "I did not shut them up" so they would be able to "talk business", and now they "must pay again for meeting me". As such parents usually come to me in a state of agitation, and they indeed have been wronged by the system, it is not practical to "talk business" before they had "spoken out", even when they feel that "there are other, more urgent things to discuss".

In all such cases, and in many others, the counselor must insist that a deep understanding of the situation is a condition for the success of any future intervention. The immediate, clear benefit of a comprehensive intake interview is the prevention of future situations that are much harder to fix than to avoid from the beginning. In the three cases I presented such an intake interview could have prevented the situation when the treatment with one child started and only then the counselor discovered that another sibling was more in need.

These three case-studies are just examples of this special situation, and are by no means a representative sample of this broad phenomenon. However, presenting them enlightens from a new angle a situation, until now not in the focus of the literature in child psychology though quite common and important for many families.

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