

When Gifted Individuals Need Medication: Issues, Conflicts and Resolutions

By [Dr. Jerald Grobman, MD](#)

March 8, 2018

Funded by Gifted Research and Outreach (GRO)

Summary

Short-term use of psychotropic medication can be a useful adjunct to a psychiatric intervention when other methods have failed. Sadly, this type of intervention is rarely considered when psychological symptoms and dysfunctional behaviors have gotten worse, but only when they have reached crisis proportions.

Evidence-based recommendations for best practices indicate that these medications achieve the best results when administered in the context of a therapeutic relationship. Often this means medications need only be used on a short-term basis.

The clinician who understands the elements of a gifted endowment and a gifted personality can avoid the pitfall of misdiagnosis and not mistake a gifted individual in crisis with a gifted individual who may have developed a genuine psychiatric syndrome or pathological personality disorder.

Bringing symptoms and dysfunctional behavior back into safe control allows the psychiatric assessment to proceed. Uncovering a gifted individual's unresolved emotional responses to all aspects of his/her giftedness helps formulate specific therapeutic interventions so gifted development can get back on track.

Introduction and background

Gifted individuals often have problems managing their family's and friend's reactions to their giftedness, finding a school that promotes its development, establishing relationships in which to share it and creating a career path that will allow its potential to be realized. Gifted individuals can also have trouble controlling creative frenzies, reactions to success and failures, or managing certain parts of their gifted personalities: passionate engagement over all else; the need for independence and overreactions and over-sensitivities. These of course are essential for high levels of creative work but they may need to be modified when engaging in social or intimate

relationships. Gifted polymaths – individuals with multi-potential – can have difficulty choosing a particular domain in which to develop expertise.

For some gifted individuals, educational adjustments, coaching, counseling, and various forms of cognitive/behavioral therapy can succeed in addressing the more straightforward aspects of these problems: circumstances can be improved, more appropriate relationships can be found, family dynamics can be shifted, and critical thinking can be used to make important decisions.

When and why standard assessments and interventions often fall short

However, when problems persist, it can be a sign that a set of deeper psychological/emotional issues may be operating. Often, these dynamics exist at a subconscious or unconscious level, making it hard to employ conscious cognitive and behavioral interventions. Without a more comprehensive assessment that uncovers and examines these issues and points the way to how to address them, serious psychological symptoms – anxiety, depression, mood swings and self-defeating behavior - can develop alongside the more obvious areas of dysfunction.

*The role of an **early** psychiatric consultation/assessment and use of psychotropic medication.*

Before these symptoms reach crisis proportions, a psychiatric consultation and the short – term judicious use of medication can stabilize the psychiatric symptoms and allow a more in-depth assessment to take place.

However, more often than not, the emotional symptoms are thought to be simply secondary reactions to undiscovered complex cognitive and executive dysfunctions. As a result, more sophisticated tests are requested. Although these tests are excellent in providing a microscopic view of specific cognitive and executive functions, their findings may not be easy to understand or to translate into practical recommendations for remediation. **Furthermore, because these tests are primarily focused on examining cognitive/executive strengths and weakness of gifted individuals, they rarely include ways to categorize and measure the non-cognitive (intuitive) aspects of giftedness as well as how unconscious conflicted emotional reactions to these may have compromised gifted intellectual functioning. In this way these testing methods often miss the subtleties of the complex deeper emotional dynamics that are at the root of these problems.**

If modified interventions have not made an appreciable difference and problems and symptoms still persist, it becomes even clearer that it may be that complex non-cognitive emotional problems have remained undiscovered and unexamined.

The consequences of failed standard assessments and standard interventions

After new information from different assessments and new interventions fail to make a difference, a sense of pessimism can set in. This is often the beginning of a downward psychological spiral. Gifted individuals may slowly become convinced that their problems and symptoms are rooted in primary neurological/biological defects or deficits. Now the very qualities (especially the non-cognitive intuitive ones) that were once thought to be the remarkable traits of being gifted are experienced as liabilities or disabilities. The capacity to see beyond the ordinary (clairvoyance), the immediacy of intuitively arriving at answers to complex problems now actually seem irrelevant. Feeling more and hopeless, all aspects of giftedness can be disavowed: precocious accomplishments that were once a source of pride and self-esteem are now considered "flukes" and the whole idea of being gifted can be seen as a self-indulgent fantasy.

The psychiatric consultation and the use of medication becomes an emergency

The tipping point – when a psychiatric consultation and the use of psychotropic medication become an urgent necessity – is reached when psychological symptoms of anxiety depression and mood swings, and self-destructive behavior become immobilizing. Suicidal ideation begins to creep into every day thinking and thought experiments about techniques for self-harm become preoccupations. Now gifted individuals and their friends and family worry that in addition to their other problems they have also developed a psychiatric syndrome or a pathological personality disorder.

Sadly, the psychiatric consultation and the issue of medication become last-ditch efforts to forestall a full-blown psychiatric crisis. Employed earlier, these interventions might well have stopped this downward destructive path, avoiding a lot of suffering and wasted time.

The psychiatric consultation/assessment and the proper use of medication

As the crisis deepens and dysfunction spreads out over all aspects of their life, some gifted individuals can accept that they are, in fact, out of control. Rational thinking allows them to set aside their fears of being misunderstood, misdiagnosed, over medicated and accept, for the time being, that their need for help is more important than their need for independence.

The most **immediate goal** of the psychiatric consultation/assessment is to make an accurate diagnosis of the symptoms, formulate how underlying psychological factors caused the symptoms, stabilize the symptoms and restore a basic level of cognitive/executive functioning. Judicious use of psychotropic medications often play an important role in this early stage of these processes.

The **ultimate goal** is to help the gifted individual reconnect with his/her giftedness in positive ways, so they can reclaim their identity as a gifted individual and proceed on their unique developmental path.

The **first step** in the assessment process is to determine if the symptoms and dysfunctional behavior are caused by medical illnesses or the side effects of prescription medications and/or the use or abuse of recreational drugs.

Formulating the causes of symptoms and dysfunctional behavior and Avoiding misdiagnosis:

Symptoms and behavior need to be evaluated in context in order to determine their origins

In order to determine the deeper psychological causes of a gifted individual's symptoms and behavior, the clinician must first understand the nature of the giftedness at the time it was discovered. How giftedness influenced (possibly turbo-charged) and was influenced (possibly restricted) by the forces of "normal" growth and development are also important features of the assessment. Whether giftedness did or did not unfold often depends on how it was affected by and effected life circumstances as well as reactions of family, friends and classmates. Identifying areas of precocious accomplishment, real or perceived failures, perfectionism, and procrastination can also be important data points in formulating the pathway for how unresolved and conflicted emotional reactions to the experience of being gifted might have been transformed into psychological symptoms and dysfunctional behavior.

The clinician's interest in all these areas demonstrates his/her belief that giftedness is a real phenomenon and not simply a quirky personality feature of an otherwise smart person. This type of assessment – the process of making connections between past and current unconscious emotional factors and their symptoms and behavior - also appeals to a gifted individual's belief in the complex multi-layered nature of things. This interest alone often has its own calming effect by providing hope that techniques and strategies for symptom and behavior control can be improved. In this manner, the assessment process itself becomes the foundation of a **trusting therapeutic alliance**.

Familiarity with the elements of a gifted endowment and features of a gifted personality are essential in avoiding misdiagnosis

Particular sensitivities and re-activities, an affinity for aesthetic features in all activities, a protean imagination, and the capacity for immediate intuitive insight and uncanny abilities are all important **endowed characteristics of gifted individuals**.

Passionate engagement, a powerful sense of purpose, charisma, grand visions, mood swings, and a strong sense of fairness and justice as well as a strong affinity for existential issues, conflicts and dilemmas are important features **of a gifted personality.**

The symptom picture of a gifted individual in crisis is a mixed one

Anxiety, depression, insomnia, mood swings, and unexplained physical pains can coexist and differentiating one from another can be challenging. Gifted individuals often have idiosyncratic ways of describing what is wrong and how and when it went wrong. Careful listening and observing the nuances of how a gifted individual expresses these can help avoid **the most common pitfall of misdiagnosis: mistaking a gifted individual in crisis for a gifted individual with a genuine psychiatric syndrome or personality disorder.**

A gifted individual in crisis may exhibit symptoms that seem to fit certain psychiatric syndromes such as bipolar disorder or borderline or histrionic personality disorders. However, it does not mean these gifted individuals have actually developed one. Charisma, a conviction of purpose, low frustration impatience, and volatile mood swings may reflect the exaggerated personality traits of a gifted individual in the grip of a creative frenzy and impending outsized success or a gifted individual compensating for a disappointment. The grand visions of a gifted individual whose mentors have encouraged him/her to “think big” and one who has had real, exceptional –often precocious – success is not the same as an individual with a narcissistic personality disorder whose grandiose fantasies developed as compensation for deficits of early parental neglect, abandonment, and trauma.

Careful listening and observing is also necessary in order to translate very personal descriptions into standard psychiatric terminology that leads to accurate diagnosis and selection of specific medications. The same careful listening also helps differentiate primary symptoms from secondary ones. This avoids another **consequence of the second type of misdiagnosis: polypharmacy-** treating various symptoms as separate entities and needlessly using different medications when instead an accurate determination of the true nature of the primary symptom and their appropriate treatment will often help resolve the secondary symptoms. For example: the effective treatment of depressive symptoms with the correct anti-depressant often reduces the accompanying anxiety and insomnia or hypersomnia. The same is true in reverse: successful treatment of primary anxiety can help alleviate secondary depression and insomnia.

Respectful attention to a gifted individual’s concerns about how psychotropic medication might affect the subtle aspects of their personalities helps them make a short-term sacrifice for a long-term gain: tolerating the downside effects of medication on their sensitivities and exquisite reactions for the upside relief of bringing these qualities back into safe control.

The clinician's sensitivity to these concerns is another step in enhancing the therapeutic alliance. This helps a gifted individual remain in place for the rest of the assessment process once early symptom relief is achieved: ending the assessment process abruptly may lead to long-term use of medication for symptom management because underlying causes have not been uncovered or addressed.

The assessment process after diagnosis and symptom control

Good symptom control provides the opportunity to complete the assessment and understand why improvements in circumstances and relationships were not enough to restore adequate cognitive and executive functioning. This usually means uncovering and addressing a gifted individual's unresolved ambivalent emotional reactions to h/h giftedness (for example: worries about how to embrace appropriate positive self-regard and distinguish it from destructive arrogance and narcissism), ambivalent reactions to how others responded and now respond to their giftedness, as well as finding the proper form and venue for how giftedness should be used individually, socially, ethically, and morally.

As the assessment yields answers, the need for medication diminishes and it becomes clear how to formulate the deeper psychological and existential causes of the symptoms and dysfunctional behaviors as well how to address them.

The downside of refusing psychiatric consultation/assessment and the use of psychiatric medication

However, even in a crisis state of cognitive and executive dysfunction, some gifted individuals will flat out refuse a psychiatric consultation that could provide an accurate diagnosis or consider the use of medication that could stabilize symptoms and then allow for a comprehensive assessment that could enhance existing ones.

Instead, they can enter a mind-set of doublethink. Driven by fears of misdiagnosis, mistreatment, and worries that the effects and side effects of medication will wipe out the subtleties of their gifted personalities, they begin to experiment with various forms of self-medication. Despite the well-known dangers of alcohol, marijuana, extra-caffeinated drinks, unregulated stimulants, dietary supplements, and recreational drugs, they begin to counteract the effects of one group of substances with the actions of the other. They seem to be able to bypass their exceptional intelligence and instead use exceptionally poor judgement to continue this dangerous process even though they are quite aware of compelling evidence that these substances can disrupt brain function and brain development and lead to serious forms of addiction. They will even ignore their own personal experience of how their razor-sharp perceptions and the smooth operation of their cognitive, executive, and intuitive abilities have deteriorated.

As an outgrowth of this mindset, some gifted individuals will begin to “normalize” their symptoms and behavior by incorporating them into a new version of a gifted identity. In this process they will lose touch with the reality of how their existence has become an increasingly marginal one – one with limited productivity, limited relationships and limited possibilities. The sparkle of what was once their real gifted personality traits, exceptional abilities, and grand visions begin to fade away.

About the Author:

[Dr. Grobman](#), MD, is a graduate of Tufts University School of Medicine and a board-certified psychiatrist. For the past 40 years he has been in private practice specializing in the assessment and psychotherapy of gifted adolescents and adults. Dr. Grobman has recently been named a Distinguished Fellow by the American Psychiatric Association. His website *Psychotherapy Services for the Gifted*, his publications on underachievement in gifted adolescents and young adults and psychotherapy of gifted adolescents and young adults, his video presentation on the gifted / learning disability syndrome, his webinar – *Understanding and treating anxiety, Depression, Bipolar disorder and Underachievement in gifted children, adolescents, and young adults* (SENG October 1, 2009) his Davidson Institute seminar – *Tips for Parents: the inner experience of gifted children, adolescents and young adults* have become important resources for the national and international gifted community.

At SENG conferences, Dr. Grobman has led workshops on such topics as underachievement, common problems of gifted individuals and how to treat them, the inner experience of gifted individuals, the moral/ethical dilemmas of the gifted, a comparison of counseling and therapy, techniques for gifted individuals and an advanced SENG institute course (2008) on underachievement. At SENG conferences, he has also conducted several continuing education courses for therapists looking for advanced training in the assessment and therapy of gifted individuals. In addition to his many years of experience, Dr. Grobman:

- *Is a Distinguished Fellow of the American Psychiatric Association*
- *Has presented at the Wallace Symposium, the NAGC conference, the AEGUS conference, AGATE conference (advocacy for the gifted and talented education in New York), NECGT and Nassau Community College.*
- *Is a member of the SENG professional advisory committee*
- *Received the SENG SERVICE AWARD in 2013*
- *Is a member of the adjunct staff of the Lenox Hill Hospital department of psychiatry and the senior supervisor in the psychology internship training program*
- *Was the psychiatric consultant to the Lenox Hill open heart surgical team*
- *Was an Associate Clinical Professor in the Tufts University School of Medicine's department of psychiatry from 1975 - 1980. While there he was the director of group psychotherapy training, published and was an instructor in the American Group Psychotherapy Association's national training institute*
- *Is a lifetime member of the American Psychiatry Association*
- *Has served as an academic consultant and editor for a doctoral candidate's thesis*

Dr. Grobman has published many [articles for the psychiatric profession](#) including the following articles about giftedness:

- [Underachievement in Exceptionally Gifted Adolescents and Young Adults: A Psychiatrist's View](#), *The Journal of Gifted Secondary Education* 2006,17:199-209
- [A Psychodynamic Psychotherapy Approach to the Emotional Problems of Exceptionally and Profoundly Gifted Adolescents and Adults: A Psychiatrist's Experience](#), *Journal for the Education of the Gifted* 2009 33:106-125
- [Psychotherapy](#), (a chapter in the [Encyclopedia of Giftedness, Creativity and Talent](#) ed. B.Kerr, September,2009 pp. 714-718 that reviews different types of psychotherapy for gifted individuals.)

Links to these and many other articles about the physiological, psychological and social/emotional aspects of giftedness may be found in [GROs on-line searchable library](#):