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The conditions for establishing a therapeutic alliance between the counselor and the gifted client

Hanna David[1]

Tel Aviv University (emirata), Israel

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Abstract

This article examines the issue of therapeutic alliance in counseling the gifted, focusing on the conditions essential to build a therapeutic alliance between the counselor and the patient. The subject of therapeutic counseling has been widely discussed by many psychologists, both from theoretical and practical points of view in many works. It has also been mentioned that such an alliance is the most important condition for achieving the goals of any psychological intervention. This work challenges some of the accepted principles about counseling in general and counselling the gifted in particular. While I do accept that having access to subjects that are of interest of the gifted client helps the therapist to connect with them, I have found that the issue of intelligence, not mentioned in any of the previous works dealing with therapeutic alliance, has been the most important one for establishing such an alliance. In my experience the most frequent complaint I have heard from gifted children and adolescents has been "they cannot understand me because they are not smart enough". It can be concluded that high intelligence is a necessary condition for a therapeutic alliance with the gifted.

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Introduction

The subject of therapeutic alliance in general has been widely discussed in the literature; there are works – theoretical as well as case studies – dealing both with such an alliance in therapy of adults and children. However, therapeutic alliance of gifted children has been quite a neglected issue judging by the meagre number of works dedicated to it.

Pfeiffer's paper (2021) "Optimizing favorable outcomes when counseling the gifted: A best-practices approach" deals with one of the most important, as well as one of the most neglected, aspects of psychology of gifted children and adolescents. The comparatively scarce number of scientific works – both theoretical and descriptive – in this field reflects the limited available counseling services for the gifted in public and private schools (e.g. Kennedy, & Farley, 2018). A recent google search of "Counseling Gifted Children" has resulted in 9,530,000 entities, less than half of results found when searching for "Identifying Gifted Children" (20,800,000 entities). Searching both entities in "Google Scholar" shows a larger gap, of 1:3.33 between these two: 251,000 scholarly articles for "Identifying Gifted Children" and only 75,000 for "Counseling Gifted Children" (date of search: November 4, 2020). Yıldız, Altay, Kılıcarslan-Toruner (2017), who have searched all available quantitative studies between 2007 and 2017 about counseling the gifted, have discovered but 11 such studies, 5 of which had samples with less than 100 participants.

The most striking fact that demonstrates this void in counseling the gifted is presented, in my opinion, in the last edition of the *APA Handbook of giftedness and talent* (Pfeiffer, Shaunessy-Dedrick, & Foley-Nicpon, 2018). This ~700-page double-column book consists of six parts: History and global perspectives, Theories and conceptions of giftedness and talent, Gifted identification and assessment, Gifted education: Curriculum and instruction, Psychological considerations, and Special issues. Only Peterson's chapter (2018) is about counseling the gifted. It

1 Prof., Tel Aviv University (emirata), Israel. E-mail: hannadav@tauex.tau.ac.il Orcid No: 0000-0002-7917-3152

includes the sub-subjects: "importance of the issue", "research review", and "clinical literature"; the last consists of one single paragraph, which surveys the important relevant research works from that of Hollingworth (1926) until Whitmore's (1980). Then comes a 25-year void, and the second part of this paragraph mentions that "in the past 15 years, increasing scholarly activity has included descriptions of and insights drawn from practitioners' work with gifted individuals and families" (Peterson, 2018, p. 513). The references included in this part are the works of Grobman (2006, 2009) and Web et al. (2005). All others are about giftedness and high-risk behaviors.

Peterson's work (2018) focuses on school counseling and school-based problems; the number of works written by clinicians is meager. Indeed, the "world" of counseling the gifted is divided into two parts: I. studies of individual and group counseling for gifted students in schools, camps, or other educational sets (e.g. Kennedy, & Farley, 2018; Peterson, 2018), including many of her other publications mentioned in this publication;[2] Webb, Gore, Amend, & DeVries, (2007); Zakareski, (2018), and suggested or applied programs for the prevention of social, emotional, and educational problems aimed at the gifted (e.g. Armstrong, Desson, St. John, & Watt, 2019; Peterson, 2018), including many of her other publications mentioned in this publication); II. Clinical works, including case studies of therapy for gifted children and youths (e.g. Grobman, 2006, 2009, n.d., Pfeiffer, 2021). This proportion should be changed; Pfeiffer's work is a substantial contribution to the existing limited clinical literature.

Clarification: Between Necessary and Satisfying Conditions

Pfeiffer (2021) cites many previous studies which support the assumption that a therapeutic alliance is a necessary condition for therapy. In cases where no such alliance has been established, therapy had but limited prospects of success. However, while a therapeutic alliance is a necessary condition for the success of therapy, it is not a sufficient one (e.g., Ardito, & Rabellino, 2011; White et al., 2015). In some circumstances, such as residential care facilities, a therapeutic alliance was found to be only marginally related to therapy outcomes (e.g. Handwerk et al., 2008). A therapeutic alliance does not result in therapy success with patients considered "hard to connect with", such as self-destructive and drug-abusing (Bratter, 2008) individuals. It also happens quite often with children with Oppositional Defiant Disorder, as well as adolescents with antisocial personality disorder or narcissist disorder – problems with comparatively low prospects of therapy success (e.g. Hood, Elrod, & DeWine, 2015).

Is a Therapeutic Alliance Indeed a Condition for Therapy Success?

Pfeiffer's work (2021) lists three necessary components crucial for therapy success for the gifted: (1) the best available empirically-supported treatment protocol on the presenting disorder or disorders, (2) in conjunction with establishing and maintaining a strong therapeutic relationship with the client, and, finally, (3) clinical expertise in the context of considerable supervised experience and a deep understanding of working with this unique population (p. 6). Conditions 1 and 3 are not unique for counseling the gifted; they are the basis for any therapy. Any good therapist should have gained expertise, along with personal characteristics such as compassion, patience, etc. as well as high motivation, including dedication – whether their clients have been identified as gifted or not. But in order to establish a satisfying therapeutic alliance with a gifted individual, the therapist needs to have additional – cognitive and personality – traits. These traits are necessary, but by no means satisfying for establishing a solid, good-enough alliance between therapist and patient.

Some Necessary Conditions for Establishing a Therapeutic Alliance between the Counselor and the Gifted Patient

The existing literature about counseling the gifted offers a variety of lists describing the conditions necessary for establishing a therapeutic alliance with the patient; Pfeiffer (2021) offers a survey of the main ones. All lists overlap to some extent with each other, but most of the items include conditions that are not unique to the gifted population. For example, Pfeiffer (2021) mentions Siegel (2010) who lists presence, attunement, mindsight, trust, resonance, and mindfulness as necessary for therapeutic alliance; all are common to any good therapist.

I will hereby concentrate on the main necessary conditions for establishing an alliance between the therapist and the gifted patient. These conditions are to be divided into two main parts: the counselor's personal characteristics and her techniques. The necessary conditions consist of *cognitive characteristics*, *personality traits*, *techniques*, and *attitudes towards giftedness*; each of those will hereby be discussed.

[2] Peterson (2018) quotes 26 of her own works in this chapter, which consists of almost one quarter of her references.

Cognitive Characteristics

High intelligence of the therapist. In a previous work about counseling the gifted Pfeiffer (2014) mentioned the therapist's high intelligence as a necessary condition for successful treatment of a gifted child. He describes in detail the feelings that his patient experienced as

> *[…] he could not receive valid judgments from his parents as, after all, unconditional love and validation is what parents do. With his teachers, Zachary believed, rightly or wrongly, that they lacked the intellectual capacity to be valid judges. Based on joint meetings with the middle school staff, Zachary's perceptions seemed accurate: although very well intentioned, the teachers were largely not themselves capable of being valid role models for what it means to be a gifted adult (ibid, p. 62)*

Yermish (2010), whose PhD thesis is about alliance in counseling the gifted, focuses on intelligence as one of the main characteristics of the qualified therapist of the gifted. She concludes that

> *The guidance regarding therapy for highly intelligent clients has largely come from those clinicians who have chosen to work with this population, often because they themselves identify as gifted. Their ideas have generally been drawn from their own clinical and personal experiences (p. 80).*

Without getting into the theoretical question of whether a non-gifted therapist can establish a therapeutic alliance with a gifted patient, Yermish (2010) writes about something that many therapists have experienced: a gifted therapist has better prospects to succeed in counseling gifted clients than a less intelligent one.

To the best of my knowledge, there are no studies about the intelligence of child- and youth- therapists and its correlation to therapy success of the gifted; there are currently two non-quantitative ways to examine this correlation. The first is relying on therapists' testimonies: in addition to Pfeiffer (2014) and Yermish (2010) I have also experienced the disappointment of most families I met during the last 30 years, whose children had complained about previous, unsuccessful treatments, uttering sayings such as: "the therapist did not understand me". Unfortunately, when the child complains about the intelligence of their therapist, they are usually answered that "it is not nice to speak about a professional adult as if she was stupid", or "your problem is that you think you are smarter than others". Needless to say that admonishing the child or the adolescent for telling the truth is not helpful for therapy.

Knowledge about giftedness. Being gifted, or having high intelligence, does not necessarily mean being knowledgeable about giftedness; it might be just the opposite, when parents of gifted children, who are gifted adults, come to general conclusions about giftedness based on their private history as gifted children. Instead of learning about giftedness, they sometimes do not even cooperate with their child's counselor who recommends reading materials, for example, and prefer to rely on their baseless "knowledge". One notable example I can recall is of a high-ranking official in the Israeli department of gifted education, whom I heard saying that "all gifted children are introverted, I know it because my daughter is gifted".

It is well accepted by policy-makers and higher education scholars that teachers of the gifted need special preparation as well as in-service programs for enriching their knowledge about giftedness (e.g. Hudson, Hudson, Lewis, & Watters, 2010; Margrain, Lee, & Farquhar, 2013; Moltzen, 2011; Plunkett & Kronborg, 2011; Riley, Sampson, White, Wardman, & Walker, 2015). It is high time that counselors will also perceive giftedness as an expertise that has to be acquired by learning, if they intend to treat gifted individuals. Unfortunately, up until now there have been no clear instructions for mental health professionals who treat gifted individual at any age stating that they should be experts of giftedness. Here are some knowledge-dependent aspects that should be taken into consideration when treating the gifted.

*Early development requires adjusting the treatment to the child's mental age***.** For example: a very young gifted child might be able to manipulate the counselor in ways that are typical of older children. A 7-year old might "test" the counselor by asking an intrusive personal question, such as "why did you marry three times". At 7, most children are either not interested in the marital status of their counselor, or do not know how to find such details about her.

Yermish (2013) also refers to the age factor which has to be taken into consideration in the treatment of gifted children: "it is crucial to accept that these individuals often have great needs for autonomy and collaboration within the relationship, even at very young ages" (p. 63). Though autonomy and collaboration are components important for any treatment, and are perceived as part of establishing a therapeutic relationship, when the patient is gifted, many a times she or he needs more autonomy at a much younger age than is usually expected, and the depth of the collaboration can be very significant even among pre-school gifted children, due to their accelerated developmental stage.

Many gifted children and youths have exceptional abilities, higher than those of most adults. In order to establish a therapeutic relationship with the patient, the therapist must be aware of these abilities. One such example is of an 8-year old who told his therapist that he had infected the school's computer system with a virus, "punishing" the computer science teacher, who had ordered him do "dull stuff" rather than "allow [me] to do my own things". The child who confessed to doing this made his therapist swear, before confiding in her, that she was not going to tell his parents any of it.

The next time the therapist heard a similar story, from a 10-year old, she was not surprised. As during the previous time, she first made sure the "secret" did not involve a plan to hurt, injure or cause any damage to anybody. After hearing the story – this time it was about erasing a registered complaint from the personal file of the child's friend – both the therapist and the child discussed the term: "the end justifies the means".

Perceiving reality as black or white. One of the least studied characteristics of gifted children, adolescents and adults is the tendency to perceive behaviors, ways of living, even political preferences as positive versus negative, good or bad, beautiful or ugly (e.g. Trujillo, 2018). I warmly recommend that until the therapeutic alliance is established, he or she avoid arguments with the patient about this sensitive issue.

Personality Traits

It is well accepted by the scientific community that both professional and personality traits of the therapist have a substantial influence on the therapeutic alliance and hence – on therapy success (e.g. Heinonen, & Nissen-Lie, 2020). Some of these personality traits are, according to Ackerman & Hilsenroth (2003), flexibility, experience, honesty, respect, trustworthiness, confidence, interest, alertness, friendliness, warmth, and openness. Macewan (2008) adds generating curiosity, gently challenging, and setting the frame and expectations – they are all the more important in treatment of gifted children and youths. Castonguay, Constantino, & Holtforth (2006); Horvath (2001); and Marshall et al. (2003) have discussed the importance of personal characteristics of the therapist as critical for alliance-forming with the patient, and have suggested that the therapeutic alliance is a product of the therapist's style and the client's perception of the therapist. According to Patterson, Uhlin, & Anderson (2008), clients' expectations of personal commitment predicted the task, bond, and goal dimensions of the alliance. Ross, Polaschek, & Ward (2008) have also argued against the conventional, traditional concept of the therapeutic alliance formed between the therapist and the offender-patient. According to them, professional variables have demonstrated little or no relationship to the therapeutic alliance, while personal variables, such as interpersonal warmth, have.

Here is a partial list of personality traits that are necessary for a counselor for the gifted and might not be needed at all for a therapist for the non-gifted, and other traits which are recommended for all therapists but are essential for counselors for gifted children and adolescents.

Emotional or affect intensity. Emotional intensity is considered a double-edged sword of a characteristic. It means feeling a wide spectrum of emotions in a more vivid and profound way than most people do, and this includes both positive and negative emotions – pain, distress, despair, fear, excitement, love, sadness, or happiness. It also means that being emotionally intense helps understand others who are both blessed and cursed with it, and furthermore – identify with them, feeling their pain, conflict, and confusion frequently co-existing with high intensity.

But besides the emotional aspect of intensity, mentioned in the extensive literature about the gifted – children, youths and adults, many gifted individuals are highly intense during everyday life. This means that they might be doing a lot of things simultaneously, be able to work for long time-periods without feeling exhausted in order to complete a task, or improve their work again and again until they are satisfied with it.[3] This trait is innate, it is a part of temperament, and cannot be taught. Many gifted children are highly intense; in fact – many scholars in the field of giftedness rely on Dabrowski's theory that deals with the connections between overexcitability and giftedness (e.g. Bouchet, Falk, 2001; Mendaglio, & Tillier, 2006). A counselor who is not intense will probably find it hard to deal with very intense patients, and especially respond to them when in need beyond the session times. This is by no means a recommendation to "be accessible" or "always be there" for patients, but rather to be equipped with the innate trait that makes this possible, when needed.

Fast-thinking. While some of the tools every therapist needs to have are patience, the ability to contemplate and a general calm conduct, there has been an ongoing debate about the contribution of the long-term consequences of some of the characteristics therapist considered themselves to have (e.g. Heinonen et al., 2013; Orlinsky, et al., 2019), the therapist of the gifted should not only be equipped with both these peaceful and restful characteristics, but she

[3] There are many debates about giftedness and perfectionism which will not be mentioned here; the intensity discussed here is far from paralyzing perfectionism that prevents from completing tasks and makes the person unsatisfied and even depressed.

must also be able to respond, react, and mainly think quickly. For example: while it is widely accepted that the therapeutic alliance must be established as soon as possible, and when it has not within a reasonable time – that will probably not happen, the definition of "reasonable time" is not clear. According to Castonguay, Constantino, & Holtforth (2006) and Horvath (2001), the decision of continuing or discontinuing the therapy is made during the first five sessions. In my experience, when the patient is gifted, this decision is made during the first session.

Flexibility. Flexibility is mentioned as a necessary trait of any good counselor (e.g. Ackerman & Hilsenroth, 2003; Luoma, & Vilardaga, 2013; Owen, & Hilsenroth, 2014), it is more important for the counselor of the gifted in order to establish a successful alliance. The process of establishing a therapeutic alliance with a gifted child has usually two stages. The first is when the child "tests" the counselor – whether she is smart, quick, and responsive-enough. Her memory is also tested, as well as her being able to easily connect with the child's world. If the counselor is not flexible enough, the child might decide not to give her a "second chance" and will not return for another session. I have made it a habit to assure parents of gifted children, who I usually meet after they had gone through failed therapies, that their child is to decide after the first meeting if I am the right counselor for them.

But "passing" this first "test" does not mean that the way to a solid therapeutic alliance is already paved. The therapist must always be prepared, while at the same time aware of the fact that a new subject, a new suggested activity, some odd issue or "out of the blue" question will appear. If she is not flexible enough to switch to whatever the child is bothered about, wishes to discuss, or is complaining about just for the sake of "spilling it out" – the prospects of establishing a therapeutic alliance decrease substantially.

Sensitivity. All clients in therapy, particularly children and adolescents, need to feel that the therapist understands and even feels, to a degree, what they feel. It has been already mentioned that being attuned is a necessary trait of the good counselor (e.g. Edmunds, & Edmunds, 2005; Gere, Capps, Mitchell, & Grubbs, 2009; Mendaglio, 2002; Shavinina, 2009). However, being sensitive to the gifted patient means more than awareness of their emotional needs, moods, or state of mind. It also means both understanding and paying full attention if the child has hyperesthesia or hypoesthesia, namely, an increase or decrease in the sensitivity of sight, sound, touch, taste or smell, or any combination of each two or more senses. Literature about the high occurrence of sensory issues among the gifted is very scarce, but many case studies have mentioned this phenomenon (e.g. David, 2009; Gere, Capps, Mitchell, & Grubbs, 2009; Guénolé et al., 2013; Liu et al., 2007).

Techniques

Being a child counselor means serving two masters: the parents and the child (e.g. Jeon, & Myers, 2017). This might be quite difficult in cases of severe problems, where an alliance must be established between the parents and the therapist as well (e.g. Kazdin, Whitley, & Marciano, 2006). One of the most "untold" secrets in the community of child counselors is that in many cases, in order to comply with the child's wishes, they should give up some main principles and rules rather than risk a premature termination of the therapy. In doing that they sometimes contradict their own "set of rules" they instruct the parents to keep.

Such conduct contributes to justified anger from the parents who discover it, or to fruitless therapy. "Bribing" the child to participate in therapeutic sessions by means such as: "Mother takes me to the psychologist, waits for me to end the session and take me back home – I love spending time with mother"; "After each session father and I go to the Chinese restaurant", or "I prefer going to the therapist over going to school" might keep the therapeutic sessions going, but does not always contribute to establishing a therapeutic alliance. Here are some suggestions that can help in walking the thin line between "bribing the patient" and being too "strict": combining both the child's wishes and her or his needs.

Bratter (2008) suggests replacing the aspiration of therapeutic alliance, which can result in the adolescent's not returning for a second session, with offering to be an advocate for the patient. Bratter's suggestions are to offer the patient help with school or assistance related to legal issues. I have found that in many cases, especially with pre-adolescent children, suggestions to mediate between child and parents, child and school authorities or child and sports instructor can be well accepted. However, I have failed to see why advocating for the child, which is one of the tools in the counselor's box, is to be used as a replacement for an alliance. In my experience, advocating for the child is more effective and more welcome when offered in an established relationship that includes a therapeutic alliance.

I have found the following activities to be the main contributors to establishing an alliance with my gifted patients.

Playing together: Almost everything can be a game! The issue of playing during therapeutic sessions has been discussed in thousands of works. In fact, up to now there are many child therapists who believe that all interventions with children

are playing-together. However, many children – and many more parents – prefer a therapist a therapist who can "do other things rather than always play". Some parents do not like the fact that "the child loved playing with the psychologist, he was happy to miss school, but after playing together for two years without any change in the child's Oppositional Defiant Disorder I decided that enough was enough". "Playing together" does not necessarily mean competing in a structured game, like chess, or doing a Lego-building project. There are many word games (see, for example, David, 2020). There is also a huge number of role playing games is endless, and the creative, flexible, and quick-thinking-games that are both interesting and help the child in the long way of improvement.

Eating during the session: Between no-food and strict rules. There is a common agreement that a hungry child is not able to fully participate in a therapeutic session. However, this issue has to have strict rules. First, when the parent who accompanies the child objects to eating during the session, the therapist has to make her or him understand that this issue is not negotiable. The conversation discussing it is to be done either during the parents' instruction session, or in a telephone/video conversation, without the child's presence.

In cases the child brings their own food to the therapist's clinic the problem can, in most cases, be solved quite easily; if the child declares: "I am hungry" when arriving or during the session but neither them nor their parents have any food for them it becomes a little more complicated. I have set a very clear rule for such situations, as a large percentage of my patients have Attention Deficit Hyperactivity Disorder, and in many cases they become quite hungry once the side-effects of the *Methylphenidate* they had taken in the morning fade away. My rule is that children under eight 8 get a roll, and over 8 – one or more slices of toast made with rye bread. A 9-year old boy had set a record: he ate 8 slices of toast!

Sitting at the computer: Means for developing gratification delay. "The computer" has been perceived as an enemy by many parents (e.g. Ljung-Djärf, Åberg-Bengtsson, & Ottosson, 2005; Plowman, & Stephen, 2003), but the voices that could see it both as a friend and a foe have become amplified during the covid-19 pandemic (e.g. Goldschmidt, 2020; Kucirkova, Evertsen-Stanghelle, Studsrød, Bruheim-Jensen, & Størksen, 2020; Lindahl, & Folkesson, 2012). In my own experience, since the 1980's computers have been a means for helping the child therapist when properly used. As early as the child's parents allow them to use the computer for emails, I correspond with all my patients. If needed – I teach them to copy, scan, change the page layout, etc. But most important of all – by promising the under-10 year olds "5 minutes at the computer" I help them with their gratification problem. During these 5 minutes they show me new websites, new games they bought or intend to buy, videos they want me to watch, or comics they love.

This positive attitude towards using the computer has been a great help during the covid-19 pandemic. I started on-line sessions with the first child in the middle of February 2020, even before the first lockdown in Israel, switched back to face to face meetings, then – again to on-line and now each of my patients, child or adolescent, can choose between these two possibilities. In such times, when the pandemic is not under control yet, the sense of control resulting from the ability to choose between a video session and meeting me in person can empower both parents and children.

Attitudes towards Giftedness

Pfeiffer (2021) agrees with the perception about the possible failure of "establishing trust, conveying unconditional positive regard and warmth, and creating a therapeutic alliance with the client [that] can be limited by the existing traits of the gifted client" (Zilcha-Mano, 2017, p. 10). In my opinion, these "existing traits" that can limit the treatment outcomes have mainly to do with attitudes towards giftedness.

Attitudes towards giftedness in general and about special education or treatment for the gifted are quite mixed. In most cases, people who have a personal investment in the subject – whether they had been identified as gifted or they have a gifted family member or a close friend considered gifted, their attitude towards giftedness is positive, and the opposite is true as well. The most striking, concise summary of this conclusion was expressed by Mr. Wagi Bal'um (David, 2006), the former headmaster of the enrichment program in Taibe, one of the largest Arab cities in Israel. Mr. Bal'um said that 98.5% of the Taibe population were against the enrichment program, namely, they refused voting for supporting the program financially. This included many rights, such as transportation to the school where the program took place, or buying musical instruments for the orchestra established by one of the most famous Arab musicians living in Israel, who volunteered to organize it. The parents of the children participating had to pay for all the field trips, cold snacks given to students when doing outdoor activities during hot days, etc. The 1.5% of the Taibe citizens who did not object to helping finance the gifted program were the parents of children chosen to participate in the program, as they belonged to percentile 98.5 of the children identified for giftedness (David, 2014, 2016).

But having a gifted child, or even being active in policy-related issues or advocating for the gifted, does not ensure the kind of support needed in order to help the therapist and the child establish a therapeutic alliance. In many cases it is the other way round. To the best of my knowledge, there are no statistics about parents who interfered with the treatment to a stage of its permanent termination. However, during the last 30 years, most therapy terminations in my clinic were the result of the parents' attitude toward the treatment, toward me, or toward the concept of giftedness. In child treatment, the therapeutic contract is "signed" between the therapist and the parent who pays her, sets the appointments, takes full responsibility for the time-table, etc. When the therapist expresses or demonstrates attitudes that can collide with those of the parents, it might be very difficult to establish a therapeutic relationship with the child who is "caught between" the therapist and her or his parents.

The therapist's attitude. Another component that might be disastrous when trying to establish an alliance with a gifted child or adolescent has to do with *the therapist's attitude towards the conception of giftedness*. Many scholars have already discussed the "G-word" term (e.g. Delisle, 2001, 2011; Yeremish, 2010, pp. 9-10).[4] Using it, or rather – replacing it by any substitute covers quite often fear, even anxiety, feelings such an inferiority or "not being good enough", and in general – lack of self-confidence of the adult who has to deal with gifted children or youths. Unfortunately, too many professionals whose attitude towards giftedness is negative simply ignore the giftedness concept, using utterances such as "everybody is gifted" (e.g. Berk, 2009; David, 2011; Plunkett, 2000), citing theories about everybody having the same abilities, or abilities that can improve infinitely under the ideal circumstances. This theory is widely discussed in the literature; I meet its enthusiastic devotees almost on a daily basis, mainly among mental health professionals. Meyers (2015), who had conducted a quantitative study dealing with this issue, offers a decent summary of it:

> *While some respondents reported that they believe talent to be completely innate, others reported that they thought that talent was not innate at all: Answers to the question about the extent to which respondents believed that talent was innate ranged from 0 to 100%. Similarly, while some respondents considered all employees within their organization as talented, others did not consider a single person within their company as talented (p. 103).*

Summary, A New Term, and Some Conclusions

In order to found a solid therapeutic alliance with gifted children and youths, the ideal therapist should be flexible, experienced, honest, respectful, trustworthy, confident. They should also be interesting, alert, friendly, warm, and open, and curious. Another condition of forming such an alliance is a good match between the therapist's style and the client's perception of the therapist. The client's expectations of personal commitment might also supply a good prediction of the task, bond, and goal dimensions of the alliance. Therapeutic alliance with the gifted requires also emotional intensity, fast-thinking ability, flexibility, and high level of sensitivity. But all those ingredients, characteristics and learned-qualities will not do without high intelligence necessary for a good, fruitful alliance with the gifted patient.

The almost-revulsion from the giftedness concept has resulted in two main kinds of reactions: mental health professionals usually mock it and insist that "there is no difference between the therapy of gifted and non-gifted children", while many teachers and some school counselors have developed a "rejection of the g-word".[5] They do not use the word "gifted", or "giftedness", or any other word stemming of it.[6] Here is a remarkable example of "rejection of the G-word", in short – "G-rejection" , that has been recalled by a college teacher from the 1995 in-service course: "The gifted child in the regular classroom" she had taught. An elementary school teacher with 30 years of experience had registered to this course by mistake. According to her, she had thought the teacher was male. That student had "forgiven" the teacher for teaching about gifted students because "a man could, or was allowed to be a scholar in the field of giftedness." However, she "confessed", during the break of the first class, that "the lecture was interesting, but hearing the word 'gifted' repeatedly was intolerable". The teacher suggested that in the next lecture the term "gifted" would be replaced by "Yossi", the shortened version of "Joseph" [in Hebrew: "Yossef"]. But after the second 90-minute class, the student-teacher told the teacher that this had not to be done anymore, using "gifted" can be "allowed". The teacher understood that the way she acted was immature; she realized that her reservations were caused

[4] There is even a San Francisco production company named "The G Word LLC"; one of its new short documentaries (12-minute) about Giftedness, Learning and High-Intelligence in the 21st century is called "the g word film: https://www.thegwordfilm.com

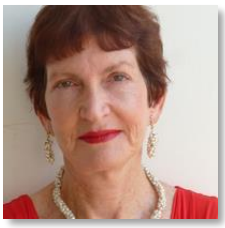
[5] My own term – H.D.

[6] Hebrew, the Israeli main language, as well as Arabic, the language spoken in about 20% of Israeli schools, are both Semitic. In Semitic languages word roots are not themselves syllables or words, but instead are isolated sets of usually three consonants. Most words are composed by filling in the vowels *between* the root consonants. The root of "gifted" [in Hebrew: "Mechonan"], is .ח.נ.ן. This three consonant are the basis of more than a dozen nouns, as well as Hebrew and Arabic male and female names (including my own – Hanna), in addition to very many verbs.

by her own fears, prejudices, maybe a feeling of inferiority, and as a teacher, she was expected to overcome these feelings, face the challenge of enriching her knowledge and come to terms with her limitations, difficulties and hardships.

Though this little story is about a teacher, counselors of the gifted, who face rejection and fear in their daily work, will also be able to face their difficulties, learn more about giftedness, and be able to establish solid, positive and long-lasting alliances with young gifted children and adolescents.

Biodata of Authors



Hanna David received her PhD, "magna cum laude", from Ludwig Maximilians Universität, München and was a college lecturer in Psychology and literature. Dr. David's undergraduate studies started at the Hebrew university of Jerusalem where she majored in Physics and mathematics, and also graduated in Hebrew Literature. She received her Master's degree from the Jewish Theological Seminary in New York at age 22. She is currently a counselor for gifted students and their families; a well-known lecturer in national and international conferences of psychology, education, and giftedness, and an expert evaluator of research proposals for the European Commission. David has published widely in English, Hebrew, French and German, she has authored 18 books and 200+ papers. Dr. David is a licensed Pilates instructor and practices yoga. **Research interests:** Mathematical education, giftedness, educational psychology, creativity, counseling, feminism **Affilation**: Tel Aviv University, Emerita **E-mail:** hannadav@tauex.tau.ac.il **Phone:** 972-39674748 **Orcid No:** 0000-0002-7917-3152 AcademicEdu ResearchGate GoogleScholar

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