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Dellatorre Andrade, Erica Isabel; de Souza Fonseca, Ana Carolina;
Macedo de Saraiva Lisboa, Carolina; Marin, Angela Helena
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**Family dynamics, educational practices and emotional/behavioral problems:
parental perception of adolescents with high intellectual abilities or giftedness****Dinâmica familiar, práticas educativas e problemas emocionais/comportamentais:
percepção parental sobre adolescentes com altas habilidades
ou superdotação intelectual****Dinámica familiar, prácticas educativas y problemas emocionales/conductuales:
percepción parental sobre adolescentes con altas capacidades intelectuales
o superdotación**

Erica Isabel Dellatorre Andrade¹, ORCID 0000-0002-6494-5236
Ana Carolina de Souza Fonseca², ORCID 0000-0001-5994-6165
Carolina Macedo de Saraiva Lisboa³, ORCID 0000-0002-2199-9824
Angela Helena Marin⁴, ORCID 0000-0002-8056-8661

¹ Universidade do Vale do Rio dos Sinos, Brazil

² Universidade Federal do Rio Grande do Sul, Brazil

³ Universidade Federal do Rio Grande do Sul, Brazil

⁴ Universidade Federal do Rio Grande do Sul, Brazil

Abstract

The objective of this study was to understand the perception that parents of adolescents with high intellectual abilities or giftedness (HIAs/G) have regarding family dynamics, educational practices used, indicators of emotional/behavioral problems, and prospects for their children. This is an exploratory and qualitative research, in which three mothers and two fathers participated. All of them individually answered a semi-structured interview consisting of 15 topics that dealt with family routine, educational practices and their concerns with their children. Deductive thematic analysis indicated that the parents identified their children's high intellectual abilities but needed additional information to manage these traits. There was a poor family routine in some cases, as well as the coexistence of authoritative and authoritarian practices in the same family. It was possible to observe that the parents feared their children's expression of aggressiveness and isolation, and how much this could lead to these young individuals committing illegal acts. Thus, it was found that the parents are attentive to their children but have doubts about how to educate them.

Keywords: high intellectual skills; giftedness; family relationships; educational practices; social behavior

Resumo

Objetivou deste trabalho foi compreender a percepção de pais de adolescentes com altas habilidades ou superdotação (AH/SD) intelectual sobre dinâmica familiar, práticas educativas utilizadas, indicadores de problemas emocionais/comportamentais e perspectivas de futuro em relação aos filhos/as. Trata-se de uma pesquisa exploratória e qualitativa, da qual participaram três mães e dois pais. Todos responderam individualmente uma entrevista semiestruturada constituída por 15 tópicos que versavam sobre rotina familiar, práticas educativas e preocupações parentais com os filhos. A análise temática dedutiva indicou que os pais identificaram as altas habilidades dos filhos, porém necessitavam de informações adicionais para gerenciar tais características. Observou-se uma interação familiar carente em alguns casos e a coexistência de práticas



autoritativas e autoritárias em uma mesma família. Constatou-se o receio com a expressão de agressividade e isolamento dos filhos/as e o quanto isso poderia propiciar o envolvimento em atos ilícitos. Assim, verificou-se que os pais estão atentos aos filhos, mas apresentam dúvidas sobre como educá-los.

Palavras-chave: altas habilidades; superdotação; relações familiares; práticas educativas; comportamento social

Resumen

El objetivo de este trabajo fue comprender la percepción de los padres de adolescentes con alta capacidad intelectual/superdotación (AC/SD) sobre la dinámica familiar y las prácticas educativas utilizadas, los indicadores de problemas emocionales/conductuales y las perspectivas de futuro relacionadas con los hijos. Se trata de una investigación exploratoria y cualitativa, en la que participaron tres madres y dos padres. Todos respondieron individualmente a una entrevista semiestructurada con 15 temas que trataban sobre la rutina familiar, prácticas educativas y las preocupaciones sobre los hijos. El análisis temático deductivo indicó que los padres identificaron las altas habilidades de sus hijos, pero que necesitaban información adicional para manejar tales características. En algunos casos se observó escasa interacción familiar y la coexistencia de prácticas autoritativas y autoritarias en una misma familia. Se verificó el miedo con la expresión de agresión y aislamiento de los niños y cuánto esto podría promover la participación en actos ilegales. Se descubrió que estaban atentos a los adolescentes, pero les preocupaba cómo educarlos.

Palabras clave: alta capacidad intelectual; superdotação; relaciones familiares; prácticas educativas; comportamiento social

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Correspondence: Angela Helena Marin, Universidade Federal do Rio Grande do Sul, Brazil. E-mail: marin.angelah@gmail.com

In recent years, investigations into factors associated with high intellectual ability or giftedness (HIA/G)¹ have become more frequent in the psychology field (Martins & Chacon, 2016). HIA/G (Decree No. 7611, 2011) are characterized by the presence of high potential and exponential involvement, alone or in combination, with the following areas of human knowledge: intellectual, leadership, psychomotor, artistic and creative (Brasil. Ministério da Educação, 2009, p. 2). It is already known that there is no pattern of development for one to present HIA/G, but the family and the social environment, especially school, continue to be referred as important in the development of such skills (Alencar, 2015). It is also in these contexts that some level of psychological suffering related to HIA/G can manifest (Pilarinos & Solomon, 2017).

In this direction, some authors indicate that children and adolescents with HIA/G have a reduced repertoire of socioemotional skills to face everyday situations, being more susceptible to emotional and behavioral problems (Dalosto & Alencar, 2013). According to the definition proposed by Achenbach (1991), emotional and behavioral problems are

¹ In Brazil, the term *superdotados* was changed to *altas habilidades/superdotação* in Resolution No. 2 2001 (Brasil. Ministério da Educação, 2001), following a trend introduced by Europe, which started to refer to such students as having high abilities. In 2011, Decree No. 7611 (Brasil, 2011) once again changed the term to *altas habilidades/superdotação*, which has been maintained in the latest changes made to the Guidelines and Bases Law in 2013, 2015 and 2018.

described as symptomatic patterns classified as internalizing (depression, anxiety, social withdrawal, somatic complaints, sadness, exacerbated worry, shyness and fear), and externalizing (impulsiveness, aggressiveness, hyperactivity, opposition, and defiant and transgressive behavior). On the other hand, researchers argue that these individuals will show greater socioemotional adequacy due to superior cognitive abilities (Francis et al., 2016). Such discrepancies are also evident in the perception that these young people's parents and teachers have about them. Interviews conducted by Piske (2013) showed that, for teachers, gifted students had issues with social interactions resulting from self-demand, perfectionism and anxiety indicators, while for parents, they did not have socioemotional problems. Therefore, it is necessary to deepen the study on the family context of adolescents with HIA/G.

Studies have discussed the importance of family and matters concerning family dynamics for the development of adolescents with high intellectual abilities, such as the type of parental practices adopted (Hakin, 2016; Pilarinos & Solomon, 2017). Parental educational practices are defined as strategies used to educate children that aim to create intellectual, social and emotional skills, as well as prevent and extinguish inappropriate behaviors (Macarin et al., 2010). A thematic analysis of interviews with parents of young people with HIA/G concluded that some practices adopted sought to provide support, but others exerted excessive demands for them to achieve high performance (Mudrak, 2011). It is known that parental practices defined as intrusive and intended for high performance can affect the emotional and behavioral health conditions of children with HIA/G (Yazdani & Daryei, 2016). Conversely, those based on affection and with the establishment of boundaries result in better indicators in terms of psychosocial adjustment (Rudasill et al., 2013).

Evidence suggests that families of individuals with HIA/G tend to have similar functioning, with a focus on achievements and high expectations for performance on the part of parents, which can induce authoritarian parenting styles (Peterson, 2015). On the other hand, different findings identify the parents of these adolescents as more authoritative and responsive compared to the others, which lead to higher levels of self-concept and decreased levels of depression, anxiety and stress in their children (Yazdani & Daryei, 2016). In this way, inconsistencies are observed in research in the field, which makes it difficult to understand the phenomenon and develop prevention strategies aimed at the adolescents and their families (Chung, 2016).

Given the scarcity of research that includes the families of individuals with HIA/G and the differences between them (Renati et al., 2017), the relevance of studies that examine the variables associated with the development of adolescents with HIA/G, with a view to providing subsidies for the construction of policies targeting this audience, is noteworthy (Chung, 2016). The present study was developed considering the importance of deepening the discussion of the theme through qualitative research, due to its exploratory and indexability character. The objective was to understand the perception that the parents of adolescents with HIA/G have regarding family dynamics and educational practices used, as well as indicators of emotional and behavioral problems, and prospects for their sons and daughters.

Method

Design and Participants

This is an exploratory, cross-sectional study with a qualitative approach (Sampieri et al., 2013). Three mothers and two fathers, contacted personally ($n = 3$) and electronically ($n = 2$), participated in it. The inclusion criterion was being a parent of a

teenager aged between 12 and 18 years old (Law No. 8.069, 1990) and with an intelligence quotient (IQ) above average on the Wechsler Abbreviated Scale of Intelligence (Trentini et al., 2014), whose application and assessment had already been carried out. Within the total number of participants, a mother and a father were a couple and the parents of two adolescents with HIA/G, while the other participants made up different families, all nuclear and with only one child. The number of participants is in line with the guidelines by Braun et al. (2019), which indicate the conduction of five or six interviews for a project with a relatively homogeneous sample and delimited research question.

The adolescents and their families that were contacted in person were approached by convenience at a public school in the city of Porto Alegre, state of Rio Grande do Sul, through referral by the teacher working in the Specialized Educational Assistance room. The school was suggested by the State Education Coordination (1st CRE) for having specialized services for students with HIA/G. The adolescents and family members contacted by electronic means were referred.

The mean age of the participating mothers was 43 years ($SD = 10.4$), and that of the fathers, 45 years ($SD = 5.6$). As for their educational and socioeconomic levels, three had completed high school, and two, higher education. One of the mothers was exclusively dedicated to her family, while the others had a job, and so did the two fathers. They were technicians or small-business owners with medium socioeconomic status, according to classification based on Hollingshead (Tudge & Frizzo, 2002). The children, in their turn, were three males and two females aged between 12 and 16 years old ($M = 13.3$; $SD = 1.4$).

Instruments

Sociodemographic Data Questionnaire (adapted from the Núcleo de Infância e Família [Childhood and Family Research Group], 2008): Obtained information on the family's sociodemographic data (age, education and sex, in addition to the family's setting, and the parents' marital, academic and professional statuses).

Semi-structured interview: Built by the authors from studies carried out by Casarin and Ramos (2007), Fevorini and Lomônaco (2009), Teixeira et al. (2006) and Teodoro et al. (2009) on family functioning, family climate, and parental practices. The interview consisted of 15 topics, adapted from the research works cited, which dealt with family routine, parental educational practices, family dynamics and relationships, in addition to addressing the parents' concerns and prospects for their children. It lasted an average of 60 minutes and was conducted by the first and last authors, both with a degree in Psychology.

Ethical and Data Collection Procedures

The study was approved by the Research Ethics Committee of the Universidade do Vale do Rio dos Sinos [University of Vale do Rio dos Sinos] (CAAE: 66512817.0.0000.5344), ensuring compliance with the Conselho Nacional de Saúde ([National Health Council's]; Brasil. Ministério da Saúde, 2016) regulatory guidelines and norms on research with human beings (Resolution No. 510, 2016). Additionally, all participants were informed about the objectives and methodological procedures before consenting to the research.

Sample recruitment and data collection took place in different modalities. With regard to face-to-face collections ($n = 3$), after approval by the State Education Coordination (1st CRE) and the school board, parents of adolescents identified as having HIA/G were contacted to have the research explained, to sign the Free and Informed

Consent Form (FICF) and to have the interview scheduled. The parents contacted personally answered the sociodemographic questionnaire and the interview on site, in a psychological clinic.

In the collections carried out by electronic means ($n = 2$), the parents of the adolescents referred were initially contacted via email or telephone with the purpose of being presented with the research and being invited to participate. Afterwards, the FICF and the sociodemographic questionnaire were sent by email to be completed by the parents and later returned by the same means. Then, the interviews were scheduled and answered through video calls. All interviews, including those held remotely, were conducted in a psychological clinic in order to preserve the confidentiality of the information. They were fully recorded in audio or video and fully transcribed, considering the verbal language of the participants.

Data Analysis Procedures

The information provided through the sociodemographic questionnaire was assessed by means of descriptive statistics for sample characterization purposes. To process the data from the interviews, deductive thematic analysis was used (Braun et al., 2019; Braun & Clarke, 2006), which recommends the following steps: 1) transcription, data reading and re-reading; 2) material encoding; 3) theme identification; 4) theme refinement, and generation of the thematic map; 5) theme definition and naming; and 6) final analysis. The data derived from the deductive thematic analysis were assessed according to the following themes, defined a priori, considering the objectives of the study: a) family dynamics; b) parental educational practices; c) the adolescent's emotional and behavioral problems; and, d) concerns and prospects for the adolescent's future. The whole material was encoded by two judges with a degree in Psychology; there was an 87% agreement between them, considering the total number of agreements, divided by the total number of agreements added to the total number of disagreements, multiplied by 100, in order to obtain the percentage (Robson, 2002).

It is noteworthy that the speeches were not identified in order to protect the participants' identities. Therefore, mothers were designated by the letter M, and fathers, by the letter F, followed by a number corresponding to the order in which they were interviewed.

Results

Family Dynamics

The theme referring to family dynamics sought to understand the family functioning of the adolescents with HIA/G from the perspective of their parents. In these families, many parents end up abstaining professionally and compromising other family life aspects in order to encourage and participate in the academic life of their children with HIA/G, as noticed in M2's report:

Two years ago, when he (son) started to become a teenager, at 13 years old, some difficulties began to arise and then I chose to leave the company I worked for and be a mother, to be present in their routine. Today we're starting to re-establish some routines at home. My routine is for them, actually! (M2).

Thus, this report reveals a mother's need to make compromises in her professional life in order to prioritize her son's demands. However, exclusive dedication to the children was not present in all of the investigated families: "Lately, it (the routine) has been a little

hectic. I work shifts, I'm always on duty, do some overtime, depending on the needs of the house where I work, so I end up having little free time. I try to prioritize, for having little time, its quality" (F1). In this way, the described routine highlights the difficulties encountered by some families in having time to dedicate themselves to caring for their children due to the economic commitments to which they need to attend.

In addition to the problems related to the professional journey of the parents and their economic responsibilities with their families, family conflicts resulting from the care provided to the brother with HIA/G were reported by the couple who had another child, as observed in the following statement: "He did therapy for five years for not accepting his brother, agitation, lack of boundaries, and manipulation of the people around him" (M3).

Parental Educational Practices

This theme sought to address the parental practices used by the families interviewed. Regarding inductive practices, the parents who participated in this study mentioned: "I talk, I ask them how their day was, what they did and what they didn't do. We try to instruct them on what is right and what is wrong!" (F1); "I warn them: be careful, this is not cool. You cannot do this because it can be harmful to others and to yourself!" (F2); "I'm used to talking and guiding them!" (M3). Thus, it is possible to verify convergences regarding the type of educational practice adopted by some families.

On the other hand, practices that are consistent with authoritarian parenting styles were also reported by some participants:

If what he did is considered serious, I take the computer, the cell phone from him: when he lies, disobeys or hits his brother (M3).

When he does something wrong, we fight for real! I lose my mind, to the point of hitting him on his shoulder with a belt! (F1).

I'm a person with a very harsh speech, very little cultured. And I'm really grumpy. Very harsh in the way I speak. So I pressure him a lot. Always very authoritative and very rough. Always speaking very severely. I don't mince words much either, I'm a very grumpy person, even tough because of the life we've had and all! (M2).

Another topic that stood out during the interviews was the lack of guidance that some parents have on parenting in the context of HIA/G: "I didn't believe that there were different behaviors due to high intellectual abilities. Everyone has a different difficulty and, sometimes, one's difficulty is easy for the other" (M1); "I see that this high intellectual ability when she reaches adolescence, when she starts mixing feelings, which generates a lot of disorders that could have been prevented if we knew how to deal with them" (M2). In this sense, speeches that highlighted the lack of knowledge about the HIA/G and the resulting frustration were also evidenced:

I never read anything. The school has nothing on that. It'd be really nice to have something to educate yourself and understand how to deal with it (M1).

We tried to raise him like a normal kid! I think this was a mistake because we should have provided him with different activities! (M2).

The Adolescent's Emotional and Behavioral Problems

The parents' perception of the emotional and behavioral problems of their children with HIA/G was the focus of this topic. The parents addressed their perceptions of emotional and behavioral reactions that drew their attention: "In certain situations, he gets aggressive" (M5); "For whatever the problem is, he freezes. He has little ability to deal with situations, to deal with people, he tends to show feelings, usually, in a negative way. He expresses feelings like anger and rage" (F1).

Additionally, cases of isolation were also identified, such as a tendency to stay alone, lack of interest in socializing with other adolescents, in addition to difficulty in managing emotions, which increases the feeling of distress and the risk of suicide: "The more negative he feels, the more depressed he gets!" (M3); "When we fight, he locks himself in the house and I fear that he does these things: he writes things, cuts himself, but it's not deep. He said it's to ease his pain. He says he feels frustrated and feels so much pain that this is how he finds a relief!" (M1). However, this complaint was not unanimous, as some parents reported that their children spent their time on activities that were good for them and obtained good results from these experiences.

Concerns and Prospects Related to the Adolescents

The last theme analyzed corresponds to the concerns of parents and their prospects regarding the future of their children with HIA/G. In the present study, the parents showed greater concern with socialization difficulties and with the self-concept that their children have: "My only and exclusive concern is studies and behavior!" (M2); "I don't want him to hurt anyone and I don't want him to be hurt by anyone. I want him to be a good citizen for society. To be at peace. To solve these socialization things!" (M1). In this sense, some parents expressed their apprehension about their children being bullied by their schoolmates and coming to have extreme behaviors: "He found that case of the boy who killed his schoolmates strange. He said he wanted to do that too, because he was bullied. He says people don't like him, nobody approaches him, that he's not happy at home with his father and siblings. He feels rejected!" (M1).

Among the families interviewed, these concerns came along with a fear of involvement in illegal acts: "He's always wanting to transgress something. I'm afraid he'll end up trying some drug" (F1); "I don't want him getting involved in illegal things." (F2); "Use of drugs or alcohol. Getting involved in illegal things" (M3). In general, it was possible to notice that the parents' concerns were related to the interactional difficulties presented by the children, as well as the distress of them putting themselves in risk situations. Moreover, there was a concern with the children's ethical attitude and with the development of a collective sense as citizens.

Discussion

The objective of the present study was to understand the perception that parents of adolescents with high intellectual abilities or giftedness have regarding family dynamics, parental educational practices used, as well as indicators of emotional and behavioral problems, and prospects for their children. Initially, aspects related to family dynamics were addressed considering that HIA/G can alter the family organization, as some families, in order to encourage the development of high intellectual abilities, attend, together with their children, events, new courses and social activities involving financial costs, time, etc. (Ferreira, 2012).

Attuned to this proposition, the results presented evidenced the need for some parents to make compromises in their professional lives in order to prioritize their

children's demands. This data is corroborated by the findings of Morawska and Sanders (2009), who pointed out the fact that some young people with HIA/G need individualized support to carry out their activities, which can lead to personal and professional deprivations on the part of their parents. However, Renati et al. (2017), in a study with 49 parents (26 mothers and 23 fathers) of young people with HIA/G in the city of Milan/Italy, found major stress indicators which family dynamics centered on a child's high intellectual abilities can generate. Thus, it is noteworthy that parental actions focused on HIA/G, as observed in M2's report, can harm the bond between parents and children, and make it difficult to manage family routines, the relationship between siblings, and family communication (Renati et al., 2017).

Nonetheless, as shown, priority dedication to children was not unisonous in all investigated families. Some parents described difficulties in having time to dedicate themselves to taking care of their children due to the economic commitments to which they had to attend. Despite the relevance of the reasons that prevent a more assiduous family life, it is pointed out that the gaps in the interaction with the children have a harmful character, since the family is responsible for providing support for their development, as well as stimulate their skills (Hakin, 2016; Pilarinos & Solomon, 2017). Such conception is reinforced by the study conducted by Olszewski-Kubilius et al. (2014) with 1,500 young individuals with HIA/G, whose results concluded that affectionate family environments are important for the development of interpersonal relationships, skills, competences, and peer relationships for high intellectual abilities.

Analyzing the counterpoint found in the speeches of M2 and F1 as to family functioning, the importance of families seeking a balance in the relationship with their children with HIA/G is highlighted, in the sense of having a supportive attitude, but one based on encouragement to autonomy (Ayğar & Gündoğdu, 2017). Furthermore, if they have other children, as in the case of the couple here, they must remain vigilant so as not to neglect their needs for affection and attention (Renati et al., 2017).

With regard to parental practices, understood as behaviors aimed at the education of children (Macarin et al., 2010), it is pointed out that certain practices support children with HIA/G, while others can overload them in the search for high performance (Yazdani & Daryei, 2016). In the present study, it was possible to verify convergences regarding the adoption of educational practices deemed authoritative. Such evidence is in line with other studies suggesting that parents of young people with HIA/G tend to be more authoritative and less authoritarian. For instance, Yazdani and Daryei (2016), who analyzed parenting styles and the psychosocial adjustment of 118 adolescents with HIA/G compared to 115 without the same ability, concluded that the authoritative mode generated fewer symptoms of depression, anxiety and stress, in addition to greater psychological well-being and better self-concept.

On the other hand, practices classified as authoritarian were also described in the interviews. Although some parents claim that they only use coercive practices as a last resort, the reports reveal authoritative and authoritarian styles coexisting in the same family. Such ambivalence may be associated with the difficulties that parents have in dealing with the specific behaviors of their children with HIA/G, thus choosing, at certain times, coercive practices in an attempt to control their behavior, or expressing parental overload (Hidalgo, 2016). Nonetheless, it should be noted that, just as in the general population, these practices can lead children and adolescents with HIA/G to have developmental difficulties, such as impairments as to understanding their emotional and behavioral instabilities (Yazdani & Daryei, 2016). On the other hand, the use of practices based on affection and with clear boundaries lead to better results in terms of psychosocial development (Rudasill et al., 2013).

The lack of guidance that some parents have on variables associated with parenting in a context of HIA/G was mentioned as well. Insufficient information may explain the adoption of authoritarian practices by some families, as well as the concurrence of different parenting styles. The literature still has few studies addressing the impact of parental practices on the development of young people with HIA/G, but it is clear that parents' behavior is related to the children's self-confidence and self-perception (Fugatea & Gentryb, 2016). In this scenario of doubts, it is believed that the offer of parental guidance programs could help families act properly (Hidalgo, 2016).

The parents' perception of the emotional and behavioral problems of their children with HIA/G was explored in the following topic due to its relevance as indicators of mental health in childhood (Cross & Cross, 2015). The participants' speeches reveal the presence of problems in the way of dealing with emotions among adolescents with HIA/G and the consequent impairment of interpersonal relationships. The data found is in agreement with the specialized literature suggesting that young people with HIA/G tend to have difficulties with affective processing compared to their peers (Eren et al., 2018). As a result, they may experience greater rejection, which can lead them to focus more on their intellectual development and less on developing social and relationship skills (Cross & Cross, 2015). Additionally, perfectionism directed at the self and the other can also affect the construction of positive interpersonal relationships (Stoeber, 2014).

Besides, the reported isolation situations may be related to self-demand and the difficulty, previously mentioned, in dealing with emotions (Cross & Cross, 2015). The scenarios described by the parents confirm the evidence that indicates the greater propensity of adolescents with HIA/G to isolation, depression, anxiety and empathic issues (Eren et al., 2018). Eklund et al. (2015), when investigating 1,206 young individuals with and without HIA/G, found that those with high intellectual abilities exhibited more internalizing behaviors. With regard to isolation, which was frequently identified in the present study, its negative impact on the schooling process and the losses in the establishment of interpersonal relationships stand out (Uzunian & Vitale, 2015). Therefore, the literature suggesting that there is a mismatch between high cognitive capacity and affective maturity in individuals with HIA/G is corroborated (Cross & Cross, 2015). This phenomenon, known as asynchronous development, refers to the combination of high cognitive potential and emotional intensity, which leads to the perception that they are qualitatively different from others (Eren et al., 2018).

However, there are also data pointing in the opposite direction, signaling high cognitive abilities as a protective factor against social, emotional and behavioral concerns (Eklund et al., 2015). In this sense, Francis et al. (2016), after reviewing the literature, indicated that children with HIA/G presented superior socioemotional adjustments and fewer behavioral difficulties than their peers. Thus, the understanding that research is not conclusive as to the higher or lower incidence of emotional and behavioral problems in individuals with HIA/G is worth stressing, and more studies on the subject are needed.

Finally, when investigating the concerns and prospects regarding the adolescent, it could be assumed, at first, that the parent would tend to talk about the aspirations of their children, for assuming that they must be predisposed to achieve professional success in adulthood due to their intellectual abilities (Mudrak, 2011). However, in the present study, the parents were more concerned with the difficulties of social interaction and with the self-assessment that the children make of themselves. The anxieties described may result from the fear of their children being seen negatively by peers due to their high intellectual abilities, which can trigger conflicts such as hopelessness and depression due to the feeling of incomprehension (Cross & Cross, 2015).

In this context, the bullying suffered by children and adolescents with HIA/G, a phenomenon mentioned by some interviewees, can set in and increase the likelihood of young people putting themselves in risky situations as a result of distress and conflicts generated by the need to be accepted by the medium (family, peers, school) (Oliveira & Barbosa, 2012). A study with 57 adolescents with HIA/G in the 8th grade pointed out that they were capable of being victims and/or aggressors, and had greater emotional resistance to deal with violent acts, so they may suffer in silence, and internalize and rationalize their distress. However, adolescents can also transform such feelings into hostile behavior towards themselves or others in order to stop the aggression (Peterson & Ray, 2006).

Thus, the concern that children engage in risky behaviors as a result of intrapersonal and interpersonal difficulties is corroborated by the literature indicating that there is a considerable number of adolescents who use drugs in order to alleviate distress, deal with hard situations, improve social skills, and increase their ability to cope with difficulties (Sheehan et al., 2013). Therefore, it was found that the anxieties of the parents participating in this study focused on the socialization problems experienced by their children, as well as the fear that they exhibit risky behaviors that compromise their physical/emotional integrity and coexistence with others.

Conclusions

This study sought to deepen knowledge on the HIA/G subject, enabling the understanding of the perception that parents of adolescents with high intellectual abilities or giftedness have regarding family dynamics, parental educational practices used, as well as indicators of emotional and behavioral problems, and prospects for their children. Some challenges faced by the families in dealing with the particularities related to high intellectual abilities were stressed, which impacts family dynamics. Despite recognizing their children's superior cognitive skills and being proud of it, some parents expressed the fear that this condition could harm them because they judge themselves different from others. Moreover, according to the parents' perception, the adolescents with HIA/G included in the study presented indicators of internalizing problems, such as isolation and depressed mood, and externalizing problems, such as aggressiveness. Such characteristics cause parents to fear involvement in illegal acts, which may help explain the use of coercive educational practices in some families. However, it is known that this type of practice tends to intensify the behavior and, for this reason, it is important for families with children that have HIA/G to be properly instructed.

Still, it is plausible to assume that the underscored aspects have gained greater expression due to adolescence, a stage in which there is greater socioemotional vulnerability and which demands flexibility in the relationships between parents and children. As for the limitations of this study, the fact that it was not possible to carry out all the interviews in person is particularly noteworthy. It was found that those held in person enabled the exploration of information and data in a more thorough manner. It is also assumed that the families' willingness to participate in the study may be related to the fact that, though in an unintentional way, they are seeking support from professionals to listen to their family difficulties. The need for further research in this area is highlighted, since, as pointed out by Renati et al. (2017), there are few studies with families of people with HIA/G. It is important to produce knowledge about the intrapersonal and interpersonal relationships of these young individuals in order to support the development of interventions aimed at prevention and mental health

promotion. In addition, the relevance of proposing laws and public policies targeting this population is reinforced.

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