

## **Does Competition Build Kids' Self-Esteem?**

**By Carol E. Watkins, M.D.**

For many, competition provides an extra spice that keeps life interesting. It keeps us on our toes and stimulates greater creativity and productivity. Sometimes, however, competition can be toxic. One may feel anxious with each win and crushed with each defeat. For some people, even hobbies become so driven by competition that they lose their fun and playfulness.

Successful people are often good competitors. Many of us may thrive on competition. However, being a successful competitor can be a double-edged sword. The downside of competition can push you to drive too hard.

In our culture, competition is a fact-of-life from early childhood through retirement. How does it affect our children? And more specifically, how does it affect our children who have AD/HD?

For many children with AD/HD, particularly those with hyperactivity, sports can be a tremendous help. The physical activity can be a good release for the active child who finds it hard to sit still for the academic part of the school day. Some schools recognize this and schedule several outside breaks throughout the day. If the child has difficulty succeeding in academic areas, sports can often give him a chance to shine.

Sometimes, when a child disobeys the rules or has academic problems, sports and recess are the first things to go. For some children, the threat of losing their valued sports time is a powerful motivator. Unfortunately, restricting physical activity may make things worse for many children with hyperactivity. Children should be held accountable for their actions, but parents and teachers should consider another way of addressing misbehavior such as individualized consequences.

The concept of individualized consequences considers both the offender and the offense on a case by case basis. Blanket punishments are not assessed to everyone. Instead of eliminating recess for a child with AD/HD, a more appropriate consequence may be to make him/her run several laps around the playground or gym.

This way, the child is still able to burn off excess energy without being rewarded for his or her misbehavior. Another idea may involve having a child rebuild something he or she has destroyed – again, holding the child responsible for his or her actions and providing an individualized consequence for a specific situation.

Children with AD/HD may have extra challenges in learning social skills, and some may learn these lessons more easily when the lesson is connected with physical motion. In sports, a child can learn sequencing, how to follow the rules, fair play and even some math skills. Competition can foster a sense of common purpose in a team and helps to develop unity with other kids. And in many cases, the coach can be a positive adult role model.

Some children with AD/HD may be clumsy and have delayed motor skills. For these children, competitive sports can be another source of humiliation. When teachers allow

students to pick teams publicly, this child is often chosen last. In a less structured sports setting, the child may even be taunted for his lack of expertise. When a team is excited about a game, the child may hear groans when team members see the ball soaring towards him. He may hear players near him planning to run in front of him to make sure that someone catches the ball. Locker rooms and showers, which are often less supervised by faculty, may become another place for teasing and harassment. The less able athlete may react by withdrawing or acting out.

There are a number of creative solutions that can be employed when dividing children into teams. The last student picked one day may be the team-captain the next. Less coordinated students can also be paired with a compassionate and athletic partner who will encourage and coach him/her.

Sports can potentially provide the same benefits to the less talented child with AD/HD as they can for his more coordinated counterparts. However, parents, coaches and teachers may need to pay special attention to this child. Some children with severe AD/HD or significant motor delays may need physical therapy, occupational therapy or a therapeutic recreation program.

A parent could meet with the physical education teacher or a recreation specialist to assess how sports and competition are affecting the child. The parents may want to seek out sports such as martial arts, where competition is more individualized. However, before enrolling a child in a martial arts class, parents should visit several classes and talk to the instructor and several of the parents. Some instructors are especially sensitive to inattentive or poorly coordinated students. Some take the time to talk to students about self-esteem and impulse control, and others may even include some social skills and self-control goals in the decision to promote the child to a higher belt. For the child who wants to compete in team sports, the parent might enroll the child in sports camps or after school sports programs.

Finally, the parent can get out and practice with the child or even become a coach. Having a parent as a coach can be extremely supportive for some children. However, not everyone should coach his own child's team. The parent needs to maintain some objectivity and be sure that family conflicts will not follow them out to the playing field. Sometimes it is important to build up the child's self-esteem in other ways and teach him how to lose gracefully.

Competition can also be a positive or a negative factor in the classroom. On the positive side, a timed game-show type of competition might keep the interest of a bright but inattentive child. Competition and specific goals may help keep her on task or inspire her to do more. However, teachers and parents must keep competition within bounds in the classroom. Since the child with AD/HD may have more than average difficulty in class, she may react negatively to unfavorable comparisons with other children. It may be best for her to work with a team, or to compete with herself. The academically able child may react to academic success as the athletically talented child does to success in sports. Unfortunately, one often gets less peer approval for academic achievements than for sports achievements.

Certain children may have added difficulty with competition. Parents need to be especially vigilant to see how they react to each experience of competition.

- The sensitive, depressive child may easily become overwhelmed and have difficulty tolerating even small experiences of loss. He may experience it as his fault and brood over it.
- The parent of a socially awkward child should make sure that the child understands the rules of the game before she starts playing. A more structured game with less ambiguity may make it easier for the child to interact with others.
- Some children and adults have fears of performance in certain public settings, so competing in front of an audience may set off a panic attack. Such children often benefit from specific forms of psychotherapy and sometimes medication. One must determine whether the fear is intrinsic to the child or the direct product of a toxic situation.
- Some children with AD/HD don't know when to stop when a sport involves physical contact. They may impulsively foul another player or get thrown off the field for shouting obscenities. For the younger child, the parent can monitor the game, and pull the child out if he seems to be getting over-stimulated. This may not be appropriate for an older child or an adolescent. At this point, the coach may be the one monitoring behavior, and should help the child or adolescent learn to monitor his own level of arousal. The coach may need to pull the player out of the game just as the parents did when the child was younger.
- Parents or coaches should explain the rules and the meanings of the competitive event very clearly and concretely. If the child tends to globally interpret things this way, she may need individual or structured group psychotherapy.
- For the child with poor frustration tolerance, many aspects of competition – waiting one's turn, missing a point, or having one's performance critiqued – may precipitate an outburst. Medication may help this, and many children may need medication to cover the entire day. Parents and teachers should reduce the level of potential frustration and then gradually increase it as the child learns to tolerate it.
- It is important for parents to model a healthy attitude towards competition in athletics and academics. If a parent feels that her child is defective in one area, she may insist that the child make it up to her by excelling in another area. If the child disappoints the parent with his classroom performance, he had better be a stellar athlete. This can promote an unhealthy narcissism in the child. He may feel that he has the right to win at any cost – even cheating or sabotaging other players. Parents must also model graceful striving, winning and losing.

A recent study published in the January 3, 2001 issue of the Journal of the American Medical Association (JAMA), indicated that children with AD/HD were more likely to need medical care than would similar children who did not have AD/HD. The investigators followed the medical histories of more than 4000 children for nine years. The median medical cost for children without AD/HD was \$1944, as compared to the \$4306 for the group with AD/HD. The children with AD/HD had higher rates of accidents and medical illnesses than those without AD/HD.

Children with AD/HD were more likely to end up in an emergency room with an injury. They had more visits to their primary care doctors and to hospital clinics. They had more infections, asthma and interpersonal problems. It is interesting to note that the study did not count mental health visits or prescription drug costs. If these had been factored in, the cost difference might have been even higher. This corroborates past reports stating that adults and children with AD/HD are more likely to experience bone fractures, car accidents and chronic medical conditions.

What can we learn from this data? Parents and teachers should be alert for situations that might put a child with AD/HD at risk for injury. The very child who runs out to skateboard without a helmet and kneepads is actually the child who most needs these safety devices. Childproofing should extend well beyond the baby years.

If your children are more likely to need emergency services, ask their doctor about your local emergency rooms. Some emergency rooms are better than others at handling a young, hyperactive child. Some hospitals have separate emergency areas for children and adolescents with doctors and nurses who specialize in treating children. Some may even provide a staff member to help with an active sibling while the parent is comforting the injured child. Other emergency rooms lack pediatric specialists and leave the parents and children to fend for themselves in an open noisy area with dangerous medical devices around.

Families affected by AD/HD must have access to insurance and adequate medical care. Those who are unable to get insurance should get documentation of the child's medical and psychiatric conditions, and talk to their doctor about whether the child might qualify for one of the "gray zone" insurance programs.

I evaluated an adolescent athlete with AD/HD who had experienced about 13 injuries in as many years. Many of those injuries were related to sports. I took a careful history to satisfy myself that the injuries were not self-inflicted or related to abuse or bone disease. I made sure that the parents knew that the adolescent might be at risk for more injuries. I suggested a physical therapy evaluation and a referral to a sports medicine clinic for further evaluation and treatment. I also felt that medication for the impulsivity and inattention might decrease the likelihood of further injuries. The parents were taken aback when I brought up the issue of child abuse. I told them that I did not feel that anyone had abused him. However, I did feel that someone might eventually file a report based on the large numbers of injuries.

Competition is not just for school and the playing fields. Some of the most intense competition takes place at home. Almost any parent who has more than one child has experienced the competition that occurs between siblings. Moderate sibling rivalry can teach competition in a supportive place. The child learns to compete fairly and to accept wins and losses without losing his positive sense of self. Severe rivalry sets the stage for problems outside the home. If a child consistently feels that he has no chance of coming out on top in a level playing field, he may learn less efficient ways of managing competition. He may feel entitled to bend the rules. Perhaps he could only prevail in the family by bending the rules. This may teach him that he has a right to continually alter the rules when they do not suit him because it was the only way he could win in his family. He might also learn to withdraw so that he is forever untouched by the chance of a loss.

Sibling rivalry is a whole topic unto itself. (See page 20 for more on sibling rivalry.) Suffice it to say, parents must take this into account when judging how their child with AD/HD responds to outside competition.

Is competition good for kids with AD/HD? It depends. It is important to know your own child's strengths and weaknesses. Some children thrive on competition and find that it makes them feel more alive and actually helps them pay better attention. They may do well

in competitive sports teams or academically intense schools. For other children, competition can be toxic. Some children do better in a less competitive, more individualized situation such as a Montessori School. When the more sensitive child eventually develops a stable core self-esteem, he will be ready to enjoy selected types of competition.

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**References:**

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