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Editorial

Pathologizing Childish Things

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We are currently seeing the multiplication of psychiatric diagnoses related to early childhood, childhood or adolescence. This process is driven by the idea of risk and of hypothetical increasing severity of untreated mental illness, a thesis that contributes to legitimize the establishment of strategies for anticipating risks through the early identification of mental illness in childhood [1]. The Diagnostic and Statistical Manual of Mental Disorders - DSM-5 [2] is the main instrument for delimitate the set of symptoms that, according to the American Association of Psychiatry (APA), characterize the diagnoses of childhood, such as Attention Deficit Hyperactivity Disorder (ADHD), schizophrenia or Oppositional and Defiant Disorder (ODD), which we will discuss here. The existence of diffuse boundaries between normality and psychiatric pathology allowed not only the multiplication of diagnoses, but also the acceptance of the idea that it would be possible to identify small signs announcing a serious future pathology. Currently, we hear speaking about developmental mental illnesses – that is 'pathologies' – that would present in childhood with "subclinical" symptoms: supposed small clues indicating that a behavior, or learning disorder, could emerge in the future.

This logic of anticipation and prevention is articulated by the concept of risk [3,4]. Thus, it is established, even if there is no certainty about it, that children diagnosed with ADHD or ODD who are not treated in childhood will develop, in the future, irreversible diagnoses of schizophrenia, psychoses or the feared Antisocial Personality Disorder, that is directly associated with crime and delinquency. Despite the criticisms concerning the epistemological fragility of this diagnostic classification [5-7], nowadays hegemonic in the field of psychiatry, the DSM remains a reference for the interventions that usually are limited to the prescription of psychotropic drugs, sometimes allied to so called 'behavioral therapies'. One of these disorders is the Oppositional and Defiant Disorder (ODD).

This disorder is defined by: "A pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness lasting at least 6 months as evidenced by at least four symptoms from any of the following categories, and exhibited during interaction with at least one individual who is not a sibling". To make the diagnose of this disorder, there must be at least four of the eight symptoms that the manual presents, divided into three groups: Angry/Irritable Mood: (1) Often loses temper; (2) Is often touchy or easily annoyed; (3) Is often angry and resentful. Argumentative/Defiant Behavior: (4) Often argues with authority figures or, for children and adolescents, with adults; (5) Often actively defies or refuses to comply with requests from authority figures or with rules, (6) Often deliberately annoys others; (7) Often blames others for his or her mistakes or misbehavior. Vindictiveness: (8) Has been spiteful or vindictive at least twice within the past 6 months [2].

This ambiguous diagnosis associated with a dramatic prognosis in adult life, leads to ask if there is any neurobiological marker, maybe a minimal brain alteration showing that this set of childhood-specific behaviors can be seen, in fact, as indicators of a psychiatric pathology. A question that the DSM-5 will answer when, in the "Risk and prognostics factors", one can read that: "A number of neurobiological markers (e.g. lower heart rate and skin conductance reactivity; reduced basal cortisol reactivity; abnormalities in the prefrontal cortex and amygdala) have been associated with oppositional defiant disorder. However, the vast majority of studies have not separated children with oppositional defiant disorder from those with conduct disorder. However, it also immediately state that: "Thus, it is unclear whether there are markers specific to oppositional defiant disorder" [2].

Thus, we have another example of how the pharmaceutical industry operates in increasing the rates of mental disorders in the population. In this case transforming common social behaviors, such as being angry, feeling uncomfortable, resisting the orders of the authorities or adults, which the DSM has transformed into psychiatric symptoms and which the pharmaceutical industry will be responsible for disseminating and popularizing [10,11]. However, the pharmaceutical industry occupies only a part in this complex fabric of childhood psychiatry, since, in order to make acceptable

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