I. Introduction. Many gifted and talented children (and adults) are being misdiagnosed by psychologists, psychiatrists, pediatricians, and other healthcare professionals. The most common misdiagnoses are Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (OD), Obsessive-Compulsive Disorder (OCD), and mood disorders such as Cyclothymic Disorder, Dysthymic Disorder, depression, and Bi-Polar Disorder. These common misdiagnoses stem from an ignorance among professionals about specific social and emotional characteristics of gifted children, which are then mistakenly assumed by these professionals to be signs of pathology [13; 5].

II. The aim of work is to investigate theoretical material and to study researches on this theme.

To achieve the aim we have defined such tasks:
1. To analyze and to learn the theoretical material on the topic.
2. To describe the kinds of mental disorders in gifted children.

III. The Results. The 2010 American Academy of Pediatrics Task Force on Mental Health reported that nearly 37 percent of children and adolescents either met the DSM criteria for a mental health diagnosis or showed some impairment in functioning. ADHD is seen in nearly 1 in 10 children. Autism spectrum disorders are seen in 1 in 50 children.
This is a global crisis. Pediatric primary care physicians diagnose psychiatric conditions and prescribe psychotropic medicine, but rarely feel adequately prepared by their training to do so.

Highly gifted children are a particular diagnostic challenge. They seem to be wired differently and have developmental trajectories that differ from the norm. Many gifted kids experience the world with heightened and vivid intensities and sensitivities that may be a big plus (allowing them to become creative artists, scientists, inventors, and humanitarians) but also can be a big minus (subjecting them to sometimes overwhelming emotions and worrisome and unacceptable behaviors) [6].

**Oppositional Defiant Disorder and Gifted.** The intensity, sensitivity, and idealism of gifted children often lead others to view them as “strong-willed.” Power struggles with parents and teachers are common, particularly when these children receive criticism, as they often do, for some of the very characteristics that make them gifted.

**Bi-Polar and Other Mood Disorders and Gifted.** This intense child, whose parents were going through a bitter divorce, did indeed show extreme mood swings, but in my view, the diagnosis of Bi-Polar Disorder was off the mark. In adolescence, or sometimes earlier, gifted children often do go through periods of depression related to their disappointed idealism, and their feelings of aloneness and alienation culminate in an existential depression.

**Obsessive-Compulsive Disorder and Gifted.** Even as preschoolers, gifted children love to organize people and things into complex frameworks, and they get quite upset when others don’t follow their rules or don’t understand their schema. Many gifted first graders are seen as perfectionist and “bossy” because they try to organize the other children, and sometimes even try to organize their family or the teacher. As they grow up, they continue to search intensely for the “rules of life” and for consistency. Their intellectualizing, sense of urgency, perfectionism, idealism, and intolerance for mistakes may be misunderstood to be signs of Obsessive-Compulsive Disorder or Obsessive-Compulsive Personality Disorder.

**Sleep Disorders and Giftedness.** Nightmare Disorder, Sleep Terror Disorder, and Sleepwalking Disorder appear to be more prevalent among gifted children, particularly boys. It is unclear whether this should be considered a misdiagnosis or a dual diagnosis. These gifted children have dreams that are more vivid, intense, and more often in color, and that a substantial proportion of gifted boys are more prone to sleepwalking and bed wetting, apparently related to their dreams and to being more soundly (i.e., intensely) asleep.

**Relational Problems and Giftedness.** These children can be both exhilarating and exhausting. The child’s behaviors are seen as mischievous, impertinent, weird, or strong-willed, and the child often is criticized or punished for behaviors that really represent curiosity, intensity, sensitivity, or the lag of judgment behind intellect. Thus, intense power struggles, arguments, temper tantrums, sibling rivalry, withdrawal, underachievement, and open flaunting of family and societal traditions may occur within the family [13].
When pediatric diagnoses are carelessly applied, gifted children are frequently mislabeled with ADHD, autistic, depressive, or bipolar disorders [11].

Normal giftedness can be easily confused with a diagnosable mental disorder. Gifted kids may talk a lot, have high levels of energy, and be impulsive or inattentive or distractible in some settings – similar to symptoms of ADHD. It's not unusual for gifted kids to struggle socially, have meltdowns over minor issues, or have unusual all-consuming interests – all pointing to an inappropriate diagnosis of autism.

One characteristic of ADHD that does not have a counterpart in children who are gifted is variability of task performance. In almost every setting, children with ADHD tend to be highly inconsistent in the quality of their performance (i.e., grades, chores) and the amount of time used to accomplish tasks (Barkley, 1990). Children who are gifted routinely maintain consistent efforts and high grades in classes when they like the teacher and are intellectually challenged, although they may resist some aspects of the work, particularly repetition of tasks perceived as dull. Some gifted children may become intensely focused and determined (an aspect of their intensity) to produce a product that meets their self-imposed standards.

In the classroom, a gifted child's perceived inability to stay on task is likely to be related to boredom, curriculum, mismatched learning style, or other environmental factors. Gifted children may spend from one-fourth to one-half of their regular classroom time waiting for others to catch up—even more if they are in a heterogeneously grouped class. Their specific level of academic achievement is often two to four grade levels above their actual grade placement. Such children often respond to non-challenging or slow-moving classroom situations by "off-task" behavior, disruptions, or other attempts at self-amusement. This use of extra time is often the cause of the referral for an ADHD evaluation [12].

Rutgers et al. (2004) point out that the majority of children with autistic disorders are mentally retarded, which might affect their attachment behaviour. A crucial issue is whether children with autism have the same chance of establishing a secure attachment relationship with their parent as developing children. Four studies found rather low percentages of secure children with autism, or a substantial difference in attachment security between children with and without autism (Spencer [10], 1993; Capps [4], Pechous [8], Bakermans-Kranenburg [1]).

Spencer [9] found that only 5% of children with autism actively greeted their mother upon reunion, compared to 35% of developmentally delayed children and 80% of normally developing children. Children with autism less frequently attempted to approach or to stay close to their mothers, and they avoided maternal approaches more frequently than the other children [7].

It is important to note, that seeing the difference between behaviors that are sometimes associated with giftedness but also characteristic of ADHD is not easy, as the following parallel lists show. Behaviors associated with ADHD (Barkley, 1990): 1) poorly sustained attention in almost all situations, 2) diminished persistence on tasks not having immediate consequences, 3) impulsivity, poor delay of gratification, 4) impaired adherence to commands to
regulate or inhibit behavior in social contexts, 5) more active, restless than normal children, 6) difficulty adhering to rules and regulations.

On the other hand behaviors associated with giftedness (Webb, 1993): 1) poor attention, boredom, daydreaming in specific situations, 2) low tolerance for persistence on tasks that seem irrelevant, 3) Judgment lags behind development of intellect, 4) intensity may lead to power struggles with authorities, 5) high activity level; may need less sleep, 6) questions rules, customs and traditions.

It is interesting to notice, that hyperactive is a word often used to describe gifted children as well as children with ADHD. As with attention span, children with ADHD have a high activity level, but this activity level is often found across situations (Barkley, 1990). A large proportion of gifted children are highly active too. As many as one-fourth may require less sleep; however, their activity is generally focused and directed (Clark, 1992; Webb, Meckstroth, & Tolan, 1982), in contrast to the behavior of children with ADHD. The intensity of gifted children's concentration often permits them to spend long periods of time and much energy focusing on whatever truly interests them. Their specific interests may not coincide, however, with the desires and expectations of teachers or parents [12].

In autism, circuit mechanisms in the cerebral cortex underlying local hyperactivity have been described by Casanova et al. who defines autism as a minicolumnopathy. Minicolumns, which are the basic functional units of the brain, are more numerous and narrower than are normal ones in the frontal cortex of people with ASD [2, 224].

While the child who is hyperactive has a very brief attention span in virtually every situation (usually except for television or computer games), children who are gifted can concentrate comfortably for long periods on tasks that interest them, and do not require immediate completion of those tasks or immediate consequences. The activities of children with ADHD tend to be both continual and random; the gifted child's activity usually is episodic and directed to specific goals [12].

Autism is a lifelong disabling condition that dramatically affects social interaction and communication and is often accompanied by severe behavioral abnormalities and intellectual disability. Despite these social and behavioral abnormalities, individuals with autism may frequently display unexpected and unusual areas of interest and giftedness in music.

The musical performance in autism encompasses both superior local perception (absolute pitch) and the ability to perceive, perform, transpose, improvise on, and enhance global aspects of musical structure. Additionally, the cognitive processes in autism are more independent and result in regularities within and among patterns being detected and manipulated; this generates a scale of very large structures and is strongly related to the autistic talent. Music, as an external source of rhythm, may produce synchronization and organization within the abnormal circuits in the autistic brain, partially compensating for the dysmetria of thoughts and emotions and promoting neuronal plasticity [2, 223–225].

Autism seems to be a pathology of central rhythms: the cerebellum may be critically involved in both pathogenetic mechanisms. Surprisingly, autistic
subjects at both ends of the spectrum, i.e. low- and high-functioning subjects, show a particular interest in music, sometimes accompanied by enhanced pitch memory and discrimination and surprising musical abilities. Despite their interpersonal difficulties, they are sensitive to the affective aspects of music and have been found to display a similar taste in music to healthy subjects. Moreover, music produces cognitive and affective improvements in autistic people and may be useful in therapeutic contexts. The link between music and autism remains both mysterious and fascinating. It has been suggested that music could be processed by cerebral mechanisms that do not seem to be damaged by the autistic pathology. The authors' considerations on brain rhythms and organization instead seem to open up another, attractive possibility: music might restore to the autistic brain the natural rhythmicity that was altered by the pathology. In other words, music, as an external source of rhythm, may produce synchronization and organization within the abnormal circuits in the autistic brain, partially compensating for the dysmetria of thought and emotions and promoting neuronal plasticity [3].

To sum up, many gifted children are incorrectly diagnosed as having emotional disorders. Other diagnoses are actually more common among gifted children, but are often overlooked. Because few psychologists, pediatricians, or other health care professionals receive training about gifted children, this session offers information about characteristics of gifted children, frequent issues that arise, and guidelines to distinguish whether a child is simply showing gifted behaviors or suffers from disorders such as ADHD or Asperger's Disorder. Because some disorders are more frequently found in gifted children, additional focus is given to these dual diagnoses of gifted children.

Bibliography