

Types of Increased Psychic Excitability

Kazimierz Dąbrowski

Kazimierz Dąbrowski, MD, PhD, (1902–1980), is the author of the theory of positive disintegration. The outline of his life and of his theory can be found in Battaglia, Mendaglio, & Piechowski (2014) and in Battaglia (2014) and Piechowski (2014) in Volume 14 of this journal. An interview with Kazimierz Dąbrowski, “The heroism of sensitivity,” is in Volume 6.

In Lieu of an Abstract

The subject of Kazimierz Dąbrowski’s doctoral dissertation was the psychology of suicide (published as Dombrowski, 1929), which led him to study the inner tension that can provoke such a desperate act. He found that highly excitable individuals are more likely to experience great inner tension and are more prone to self-harm. When the tension becomes unbearable, it must be released. This dynamic became the subject of his monograph on psychological sources of self-mutilation (Dąbrowski, 1937). This monograph is a deep source of insight into the inner experience of overexcitable individuals.

The term hyper-, super-, or over-excitability appears many times in this monograph.¹ As sources of biographical material illustrating manifestations of overexcitability, Dąbrowski used examples from the lives of many creative people, including Michelangelo, Dostoevsky, and Tolstoy. The inner tension of overexcitable individuals, especially ones who are creative, can lead them to physical self-mutilation (expression of psychomotor overexcitability) or emotional self-torment (expression of emotional overexcitability) as a means of releasing the tension. Alongside these two overexcitabilities, Dąbrowski mentions mental and sensual. Imaginational overexcitability is present, although not in name.

In 1938 Dąbrowski set down to write a systematic description of psychomotor, affective (emotional), imaginational, and sensual overexcitabilities; mental (intellectual) was not included. The latter crops up in his later writing without ever being explicitly introduced. The common thread among these types is a heightened response to both internal and external stimuli that is well outside the norm. Note that the 100-item questionnaire he designed also did not include intellectual overexcitability at that time. This suggests that he did not then view intellectual overexcitability as part of his concept of nervousness (see below).

The 1938 paper is the only one in which Dąbrowski attempted a systematic description of the manifestations of the four overexcitabilities, their sources, and pathological forms. In each overexcitability (except imaginational), he made a distinction between a *general* and a *narrow* form. This distinction has not been explored in the research on overexcitabilities in the gifted population, or elsewhere. By the general, or global, form he meant an overexcitability that encompasses “the whole structure of the individual” and that together with other overexcitabilities favors the

¹ The term “over-excitability” was not unknown in the past. In 1899 a note in *The Lancet*, a medical journal in England, refers to it, though, as typical of those times, in distinctly negative terms.

Increased Psychic Excitability

development of a rich mental structure. The narrow form is associated with one-sided development that limits the range of interests and experiences. It was only many years later when he was developing his theory that the distinction becomes more explicit: the global form is essential to multilevel development, while the narrow form lacks that potential.

The 1938 paper ends with t.b.c.—to be continued, but that never happened. Fearing the approaching German invasion, Dąbrowski was busy with ensuring the safety of his patients (Battaglia, 2014). Instead of a second part of the paper, we find that it was incorporated after WWII, with some revisions (notably, omission of the Methods section), into his book on child psychiatry, and here we find the missing description of intellectual overexcitability as increased mental overexcitability. The translation of this missing piece was made from the second edition (1964), the first from 1959 not being available at the time. Except for four lines of poetry, there is little difference between the two editions in the text of “Types of Increased Psychic Excitability.” From that book we also included the short introduction, *Nervousness*, in which Dąbrowski explains his view that nervousness is synonymous with psychic overexcitability². Nervousness has always been looked upon as an undesirable condition. By recognizing its positive potential as increased excitability of the nervous system, hence broadened range of sensations and qualities of experiencing, Dąbrowski removed its pathological stigma and showed instead how it contributes to creativity and to advanced personal growth. For this reason the Editors chose to present his explanation first, though coming from a later work.

The translation of the following is by Michael M. Piechowski. Footnotes have been added to explain unfamiliar terms. The assistance of Christiane Wells is gratefully acknowledged.

NERVOUSNESS

How shall we define nervousness? A. Homburger describes *nervousness* as states of excitability associated with the ability to complete tasks and an inability to adapt to the demands of life; he regards it as a children’s equivalent of neurasthenia in adults. Following E. Kraepelin, E. Bleuler defines nervousness as “an enduring obstacle in the work of living, caused by burdening in the area of emotions, and especially in the area of acts of will.” The issue here is, on the one hand, a weakening of resilience to emotional inputs and, on the other hand, an insufficient tension of will power. Related to this are usually deficiencies in a uniform shaping of personality. Many authors, including P. Janet and A. Adler, consider nervousness as a lighter, weakly differentiated, initial phase of neurosis.

One can also view nervousness as a set of diverse and rather fluid functional disorders that are characterized by *psychic overexcitability with intact cognitive faculties*. It is in this sense that I will use this term.

² By “psychic” Dąbrowski means “of the psyche” or “of the mind.”

Why do I view psychic overexcitability as a solid quality of nervousness and do not mention weak excitability? It is because in no case that I observed did I see a general global *hypoexcitability* or particular sets of functions as a primary phenomenon. For this reason *nervousness is considered an increased nervous and psychic excitability*.

From: Kazimierz Dąbrowski. *Spoleczno-wychowawcza psychiatria dziecięca*, Wydanie 2 (Social-educational child psychiatry, 2nd ed.). Warszawa, Poland: PZWS, 1964, p. 73.

[From this point on, Dąbrowski incorporated the text of the 1938 paper with some changes.]

TYPES OF INCREASED PSYCHIC EXCITABILITY³

Introduction

Increased psychic excitability, or superexcitability, to differentiate it from manifestations of “normal” excitability, is a phenomenon difficult to delineate precisely.

To move from “normal” reactions to heightened ones, to capture the degree of their intensity, to establish causal links between stimuli and increased responses, to capture the causes of these frequently unexpected responses—are all issues which in most cases one can only approach in an approximate manner.

There are certain criteria that help establish and classify the phenomena of superexcitability in a manner not always precise and complete but nevertheless justified in its essential outline.

The phenomena that can be roughly counted as showing psychic superexcitability are: evidence of the manifestation of symptoms evoked in some individuals by stimuli that do not evoke them in others; excessive intensity of the responses, their disproportion to the stimuli, and their frequency; responding to different stimuli in a characteristic manner, indicating that the individual has a [triggering] point of “irritation” that appears in reactions without any direct connection to the stimuli evoking them, etc.

Without attempting to “measure” nor differentiate “precisely,” I will present an attempt at classification of the kinds of superexcitability, based on many years of observation and systematic investigation carried out by various methods at the Institute of Mental Hygiene.

By means of these methods, to be described below, I have distinguished four types of overexcitability: psychomotor, affective, imaginal, and sensual.

³K. Dąbrowski. Typy wzmożonej pobudliwości psychicznej (Types of increased psychic excitability). *Biuletyn Instytutu Higieny Psychicznej*, 1 (3–4), 3–26, 1938.

Increased Psychic Excitability

These types of overexcitability appear in particular human individuals in a manner more or less distinct, or more or less mixed. For this reason they cannot be always clearly teased out.

The cluster of properties that forms a particular group of overexcitabilities is sometimes the dominant factor in a given individual, taking over the whole person; besides the dominant cluster there are other groups of varying intensity. Sometimes in a given individual one can observe a kind of shaky balance between different groups, indicating the coexistence of groups of equal intensity. In some cases, a cluster or clusters seem to appear only in certain spheres of the individual's activity; they are as if localized or associated only with certain stimuli.

It has to be emphasized that the present description is only an outline, a fragmentary sketch for a future, more elaborate presentation of these issues and, therefore, has no pretense of being an exhaustive consideration of the questions that have been raised.

Methods

The identified types are clusters of psychological qualities. Although there are certain data relating these clusters to various types of physical constitution—they are not sufficient to say anything in detail about them. For this reason, I am not including the method of anthropometric⁴ investigation. In general, the clusters were isolated on the basis of observations primarily of youth in various everyday situations, in families, schools, and institutions, as well as biographies. Many years of my clinical practice in psychology and psychiatry furnished the material together with observations gathered during examinations for other purposes. Observations and investigations were made methodically over a period of several years. The starting point for observation was sometimes the psychology of expression in everyday situations (gestures, mimicking, movements of the whole body, posture, handwriting) and in difficult situations, or in especially stressful, spontaneous or imposed ones. Most of the data came from interviews and conversations with patients in clinics, at lectures in schools, and also conversations and observations during examinations, at work, play, meals, sleep, and so on, in the neuropsychiatric and therapeutic pedagogy ward of the Institute of Mental Hygiene.

Special conditions were not created in order to evoke reactions that would show the prevalent qualities of an individual because the situations of this kind arose naturally during games and group play, during everyday activities, emotionally stimulating conversations, dances, or other instances of group life (walks, care of younger members) were sufficient. Specially designed questions, to understand the dominant manner in which the individual reacts under

⁴ Anthropometric refers to comparative measurements of the human body based on benchmark standards of growth.

normal conditions, were used relatively infrequently. The main instrument was a specially designed questionnaire⁵ of 100 questions, 25 for each kind of overexcitability. The questions were formulated on the basis of longstanding observations showing that certain characteristics are typical for each type of overexcitability. Isolating the types with the aid of the questionnaire further facilitated more detailed testing. On the basis of very broad material, it was decided that 13 [affirmative] answers to questions from one kind of specific group would be the minimum for including the individual in that group. However, later testing showed that an inclination toward excessive caution, or even complete untruthfulness in regard to questions in the area of sensual overexcitability, sometimes made it necessary to make assignment to this type on the basis of fewer [affirmative] answers.

Much of the material was furnished by personal characteristics of children, personally written autobiographies, the content of earliest experiences, descriptions of the greatest unhappiness and the greatest pleasure,⁶ and finally the social-psychological interview. In each case intelligence was tested (Binet-Terman) in order to eliminate retarded subjects. Tests of practical intelligence were carried out in order to find out how each type approaches everyday tasks. Other tests used were Masselon,⁷ Rorschach, and a few others. The Rorschach test was of great value in our investigations as it pointed to certain general characteristics of the type, but above all to narrow forms of excitability (psychomotor, affective, imaginative, and sensual intrusions).

Psychomotor Overexcitability

What are the most frequent manifestations of psychomotor overexcitability? Let's start with forms that are most frequent and showing the least pathological features. In the first place, we will see periodic psychomotor restlessness that intensifies under certain conditions as, for example, during prolonged anxious waiting (exams!), less often when awaiting fulfillment of some pleasure, the realization of which keeps getting delayed. The individual in a state of this kind of restlessness makes uncoordinated movements that seem unnecessary, without purpose, carried out excessively fast, although often insecure. Sometimes the motion set is released in an outburst of movement. Let's take as an example a psychomotorically overexcitable child who is waiting for the arrival of his mother. The whole set of visual, motor, and affective images has been prepared together with its release correlated with the [expected] time of the moment of meeting together. When the appointed moment passes,

⁵ This questionnaire is lost.

⁶ Items in the Verbal Stimuli questionnaire (Dąbrowski, 1977, 1996).

⁷ A measure of intelligence in which one must construct a sentence from three words provided by an examiner (Stern, 1914).

Increased Psychic Excitability

the brakes keep operating for a time, and keep the set (let's say, unconsciously) unchanged. It is a certain kind of extension by projection. When significantly more time elapses, tension increases—the brakes no longer hold but weaken and begin to let out release in ways that are most sensitized, strongest, and characteristic for a given individual: the need to pace, gesticulate, sometimes vocal utterances, often unnoticed by the subject, then eventually crying, angry outbursts, or expressions of self-torment (biting nails, etc.). A kind of overloading of tension takes place. Because there are sometimes tendencies toward blood vessel spasms, we may be dealing with arrhythmia, headaches, and dizziness. It must be emphasized that unsystematic and anxious attempts at control increase the state of psychomotor excitability. In overexcitable individuals activities of inhibiting increase the psychomotor release, which sometimes ends in a psychomotor crisis.

As I mentioned before, in overexcitable individuals a disproportion exists between the reaction and the stimulus. Sometimes the slightest stimulus will suffice to evoke a strong reaction—a careless shove in a crowd, being opposed in discussion, a small delay in a train's arrival—may be enough for an outburst of anger.

Sometimes we call such types, in whom the lack of control in the transfer of the stimulus overtakes the whole personality, explosive. These types are unable to release by stages, or in many directions, but aim for a full one-time discharge.

Characteristically, a state of tension that is too low is inappropriate for the individual; it is unpleasant and associated with anxiety. Under these conditions we are dealing with a quest for stimulation in order to increase the tension and then discharge it.⁸ Although the stimulus is disproportionate to the reaction, it has to have adequate strength for the individual so that it can lead to a release and lifting of anxiety. Seeking to increase the tension is rarely conscious, more often it is subconscious and is an expression of the self-preservation instinct. It will be difficult to calculate for each individual the characteristic strength of the stimulus that will lead to discharge.

In many individuals of this type we encounter the phenomenon of increased psychomotor excitability before falling asleep, less often on awakening, and especially in the area of mimicked and swallowing motions. I believe that this is the consequence of the diminished possibility of multidirectional release (being in a lying down position) and weakened conscious control over the psychomotor sphere.

In the psychomotor sphere, we encounter the phenomenon of periodic strengthening and weakening of excitability, and the elapsed time between one and the next may vary; however, in this type of

⁸ This brings to mind sensation-seeking, which is the search for novel and intense experiences, even risky ones (Zuckerman, 1964).

excitability the period of weakening is usually short and has a secondary character.

In early childhood, we notice the first signs of psychomotor overexcitability in the form of frequent and long-lasting spells of crying, irritation, etc. In young children we may see extended bouts of screaming in anger and throwing oneself down on the floor. These outbursts are sometimes called explosions of opposition and can lead to spasms and turning blue. We suspect that at the root are subconscious traumatic elements together with constitutional qualities. In preschool, such children move too much, are impatient and disobedient, although they cause fewer complaints than at home because in preschool there is more opportunity for psychomotor release. Real difficulties begin with the transition to systematic learning. The largest number of children receiving a negative grade for behavior are from this group. These children fidget in their seats, disturb their classmates, shoot scraps of paper and metal nibs, find thousands of reasons to leave the classroom, and display an excessive mobility of attention. After class, and sometimes during class, they initiate fights, and most often take part in them and in other psychomotor excesses. Among boys, excelling in being independent, inclined toward rebellion in school, we are most often dealing with those with psychomotor overexcitability. The symptoms are particularly strong during puberty, although there is no lack of them in other periods. During puberty, we often encounter in this type frequent psychomotor release in the form of vagrancy. Among street children that jump onto streetcars, newsboys, tramps, or stowaways, we encounter predominantly this type.

Youth of this type, and to a lesser degree adults, exhibit intermittent engagement in schoolwork and professional occupation: periods of excessive intensity of work followed by periods of shorter or longer duration of weakened capacity for required effort. They lack the ability for rhythmic work but rather are characterized by bursts of activity. Their work usually goes in many directions at once, often jumping from one kind of task to another, from one subject to another. Adolescents have a tendency to change schools, young people to change jobs.

Let's move on to manifestations of excitability that have the character of substitute functions resulting from extended or permanent lack of possibility for psychomotor release. In this form of psychomotor excitability, we shall consider first of all various psychomotor habits, primarily tics. We can imagine that into the composition of a normal mechanism of some action enters irritation or a set of irritations, their segregation, the appearance of an idea, a plan, a decision, and then execution. An individual with psychomotor overexcitability suffers from lack of coordination of the time and disposition of irritations, hence irritations are not separate clusters but somewhat overlay one another. Some clusters are segregated, while others achieve a new uncoordinated segregation; there is no break between the readiness of one set, reaching a

Increased Psychic Excitability

decision and acting on it, and the same sequence in another set. Hence zones of excessive overload occur as well as blank ones, zones of concentrated irritations and those that are diluted. From this come into existence tensions and sudden discharges. A new strong irritation may not find its groove and cause a premature act, not adapted, yet strengthened by the power of the irritation and by the already mentioned increased psychic tension that seeks a means of release and forms pathological psychic flow routes. The blocking of psychomotor release, in the absence of more or less adequate forms of release, predisposes toward tics or gives rise to them. The state of psychomotor overexcitability is fatiguing, hence the need to discharge it as quickly as possible; tics may develop in the absence of suitable means of constraining psychic hypertonia⁹ or of discharging it. While psychomotor outbursts engulf the whole individual, tic symptoms have the character of localized discharges, narrowed down to only certain zones of excitability.

In the mechanism of formation and development of tics, an essential role is played by the lack of coordination between the individual's psychomotricity and the kind of work he or she does, between the individual's needs and the necessity to block them, between the striving for an all-points discharge and the necessity of a limited one. If the blocking is too strong and lasts too long, it will cause eruptions and disaggregated states that may find expression in a tic. In many individuals I found an interesting phenomenon: tics sometimes appeared outside of periods of strong irritations, for instance in the moment of waking up, but especially when falling asleep. One could explain this in part by the weakening of control over the psychomotor domain; these conditions were the most opportune for the appearance of tic symptoms.

Systematically placed pathological symptoms of psychomotor overexcitability in the form of tics have equivalents in normal life, a kind of social form of psychomotor adaptation to the environment. For instance, in some individuals smoking cigarettes shows great similarity to tics. It is striking that in individuals with a passion for smoking cigarettes they smoke most intensely when having difficulties expressing themselves, having trouble preparing arguments, wanting to express themselves but feeling an inner resistance causing suppression, feeling incapable of making a decision yet being forced to make one, forming plans for movement in their imagination yet being aware that waiting is inevitable—in general, when they experience strong states of excitability while being prevented from their immediate realization. The cigarette serves to smooth out the lack of possibility of expression or realization of something the way we want to. Smoking cigarettes is a socially accepted complex of substitute movements, covering the intended action that we either cannot realize completely or in part. It

⁹ Hypertonia is characterized by a greater than normal tension of the muscles (Venes, 2013).

is a way of filling the absence of harmony between the act of thought, affect, and their realization. Frequent getting up from work, pacing the room, drumming the fingers during work, and nail biting are also manifestations of the lack of coordination between the processes of thinking and acting, manifestations of the greater or lesser maladaptation of one kind of functions to another, of the apparatus that prepares to the one that enacts, and, on the other hand, a substitute form, a completing of incomplete acts. In certain individuals of a spirited, energetic character, with strong psychomotor overexcitability, working in science or in journalism who write a lot, it is clear that their mental work goes better when they are typing, especially with both hands, than when they are writing by hand. I believe that this can be explained by the fact that using a typewriter offers a greater psychomotor release than writing by hand. For many individuals of this kind, the best manner of mental work is discussing ideas with others while pacing the room and typing from moment to moment.

Let us move on to characterizing the causal factors in the formation and development of general overexcitability and tics.

The essential form of action of primitive man was motor action through which he realized all the chief needs related to maintaining individual and group life. On the other hand, in the primitive man there was no series of transitions, hesitations, or blocking between the act of thinking, affect, deciding, and executing action. Acting immediately followed the decision.

A civilized man does not have the freedom of an all-around motor discharge. Many motor activities have fallen away; many have become impoverished. An activity that once required a whole complex of movements, now requires only limited movements. When it comes to the range of movements executed by the organism, everything has become simplified. Prepared, dedicated pathways in the nervous system have become useless. The difficulty of adaptation to ever newer conditions that are changing too rapidly has increased. Not every individual can keep up. Some functions grow out of proportion while other ones become weak. The necessity of adaptation to the social group requires the restraining of actions that primitive man used to carry out immediately in response to the impulse or idea—hence lack of psychomotor “saturation” but seeking means that would at least give the semblance of saturation. Hence also the already mentioned substitute acts, such as smoking a pipe during meetings or pacing while developing ideas, which ought to be realized right away (the readiness of the neuromuscular system), but which must be delayed. Gum chewing, so frequent among inhabitants of the United States, can be seen as the need for substitute forms for those organs whose motor activity is handicapped—gum chewing is most often done during forced standing or driving in a car (immobilization of lower limbs).

The fact of wide adoption, especially by Americans, of dances that rely on greater activity of lower limbs, also indicates some

Increased Psychic Excitability

measure of the need of very vivacious and energetic individuals to compensate the limited use of lower limbs as a consequence of daily use of such means of locomotion as the car, subway, and elevator.

I already mentioned the constantly growing tendency toward detailed division of work that causes blocking of the activity of certain organs, or limits their use, and the necessity to increase the work of other organs, strengthening other functions for their intensive use. The organism of a given individual is not capable of adapting to the channeling of his energy in such a one-sided manner. Executing work with one finger or one hand, executing with fingers only certain movements can create hyperkineses and tics of a whole limb. Such factors create a disaggregation of certain sets of psychomotor functions and the condition of their segmental or wider splitting up.

Too great a division of work not only creates the conditions of psychomotor disaggregation, but in a certain sense facilitates the disaggregation of the whole personality, as for instance, under one-sided conditions of strong tension, in which personality does not participate as a whole (the work of typists, telephone operators, specialized work in larger factories, etc.).

In regard to hereditary factors, diseases and traumas, as well as conditions of growing up that play a role in the shaping of psychomotor overexcitability—we shall briefly discuss some of them.

One of the most important factors shaping these forms of overexcitability is the burden of alcoholism, where its influence can affect the shaping of general overexcitability as well as of a narrowed one (motor habits).

In the genetic history of individuals of this type, let us also mention the relatively frequent convulsive states, epilepsy and meningitis.

In regard to past or concurrent diseases, I shall mention intrauterine and birth traumas, external and, especially, internal poisonings, convulsive symptoms, chorea, spasmophilia,¹⁰ increase of intracranial pressure, etc.

Among psychological factors one must mention the effect of punishments, beatings, family quarrels, inappropriate upbringing during puberty, and during other developmental crises. Any blocking of mobility, any forcing causes a compensatory increase of excitability. Traumatic conditions that suddenly destroy essential elements of adaptation to life cause on the one hand strong emotional tension, and on the other hand a strong blocking of the possibility of any action; hence discoordination between the state of tension and the possibility of discharge, and the creation of a tic as an apparent action.

Subtle individuals, who do not want to outwardly betray the state of their difficulties in traumatic conditions, force themselves to

¹⁰ Spasmophilia: characterized by the involuntary contraction of muscles.

change a downcast face to a serene one, which causes an increase in psychomotor excitability as well as grimaces and tics as an expression of discoordination between the emotional state and the adopted facial expression, a smile surrogate, that does not find psychophysiological correspondence connected with the existing emotional state. Frequent reactions of this kind can shape certain characterological dispositions.

In children with psychomotor overexcitability that are brought up in unhealthy conditions of an excessively strong attachment to the mother (only children of single mothers), we are dealing with narrowing, limiting of outside interests, and limiting of a natural psychomotor release, which limits the possibilities of that release to a very slim scope. Hence it is a suitable condition for development of hyperkineses.

If it is correct that excessive emotionality is a factor causing functional disharmony, weakening of mental synthesis—then the plugging up of appropriate channels of psychomotor discharge, and a psychomotor discharge along non-normal physiological pathways, play a dissociative role in the psychomotor sphere. This plugging up is created by a neuropathic predisposition as well as conditions of social, economic, professional life, and various conflicts. Blocking formed in this manner finds expression through surrogates of this activity in the form of hyperkineses and tics.

Affective Overexcitability

This kind of excitability is characterized by a far wider broadening of the affective sphere than the sensual, imaginal, and psychomotor. An affectively superexcitable individual is characterized by the ability to react affectively in response to stimuli acting on a different area and by a tendency toward increased affective reactions that are much stronger than the [initial] affective stimulus.

In individuals with emotional superexcitability we see an early awakening of affective life. Affective children show very early attachment to those closest to them and exclusivity toward them, but dislike toward strangers. And further, they tend to cry, be envious, and at times angry. Early attachments of an exclusive character are not sexually based, but rather stem from character and express the need to find security and protection. Such children usually have a difficult time adjusting to situations outside the family. The first months of school, and even preschool, create for the child very many strong experiences.

First of all, as a consequence of receiving an overload of impressions when release is made difficult, and of a strong tendency toward being touchy and resentful, we encounter in such children loss of appetite, insomnia, and strong agitation.

Adolescence is usually delayed; overexcitable types are characterized by a prolonged period of dreaming, [and presence of]

infantile symptoms. On the one hand, in social contacts and among friends there is bashfulness, and on the other hand too great a trust, excessive exclusivity, lack of selectivity and the principle “this or no other.” In social contacts fearfulness expresses itself by embarrassment in dancing and talking. There is an inability to compete for a person who has become the object of one’s affection, inability to assert oneself and fight, but frequently courage and great ability to protect and surround with care the person one is close to. A normal level of intelligence combined with affective overexcitability produces touchiness that increases as a result of life experiences, which steers toward excessive self-analysis, reverie, meditation, and flight from social contacts. Hence in this type of individual we often observe isolation from the group, inclination toward being alone. Not infrequently, these tendencies guide the individual toward a path beneficial to mental health—flight into nature.

Taking into account the strength of emotional reactions, and especially their duration, we distinguish two main types of affective excitability. An individual of one type reacts quickly to an irritating stimulus, shows weak self-control, is affectively explosive placing him close to the type of psychomotor overexcitability. An individual of the second type reacts equally strongly, but the reaction lasts much longer, extends over days, and sometimes over weeks and months, and cuts a deep, lasting trace. The first is usually an extrovert, the second an introvert.

In anger as in anxiety, envy, and expressions of love and friendship, the first is an explosive type, reacting strongly though usually in short outbursts. Emotional fatigability is strong, but restoration comes quickly. The second type is not adapted psychophysiologicaly to respond immediately—usually the response is delayed. It’s not the question of postponing the response but rather of having a moment of consideration, becoming conscious of the situation, reflecting emotionally, and in fact broadly embracing the stimulus set affectively, in a way to become saturated with it. Most often, as a consequence of forming deep emotional channels, this type is not capable of being completely satisfied with the present moment or with current affairs, but, conversely, as a result of actual adversity may fall into serious depression. The state of fatigue does not appear suddenly, but the period of fatigue usually lasts longer. This type is usually persistent in the long run, creates a hierarchical system of aims, and often the question of the meaning of existence is fundamental; principles play an important role. As I mentioned, they are inclined toward lasting and exclusive emotional ties. They show a tendency to view reality in perspective, equally in regard to pleasure as to distress. They can be resentful yet capable of responding to ever new affective stimuli, of getting over the unpleasantness of the moment in view of numerous optimistic projections, and yet when they think of the arrival of spring they think of its quick end and the arrival of fall, and in moments of joy they think that it will pass. Associated with these characteristics is a

prominent role of affective memory. The recall of joyous and unpleasant experiences may not be linked with a visualization of persons and settings associated with these experiences—what is essential is the emotional tone. Looking ahead (forward projection) and long-lasting consequences of emotional wounding make such individuals consider death as one of the most fundamental questions. The problem of immortality is at the front. I believe the following reasons are at its root: (1) these individuals are most often of the introvert type who are not absorbed by external living, hence equipped with refined consciousness and self-knowledge—the consequence of which is the difficulty of accepting the loss of consciousness after death; (2) they have a strong attachment to things and persons who are closest to them—hence the fear of separation and the need to extend the bond; (3) anxiety and lack of satisfaction in the present result in a longing for a time in quietude, without unexpected traumas and complications—hence also the projection into the future.

The narrow form of affective excitability finds expression in tendencies of affective “clinging” to selected experiences, persons, thoughts, etc.

As a result of a special constellation of conditions, we may be dealing with an excessive complex of envy and jealousy, together with an extremely egocentric attitude. When these complexes are excessive and accompanied by an unreasonable tendency toward self-analysis and infantile or feminine qualities in boys, we may be dealing with indications of self-torment.

Phobias are the most important basic set of symptoms of a narrow form of affective overexcitability. What is their origin and development? I think that the basic factor is the narrowing of affective overexcitability as a result of wounding that favors such development. Significant here are typological aspects such as introversion, tetanoidal¹¹ features, and certain properties of physical constitution (spasmophilia). I believe that analogously to tics, phobias are an expression of the need to stick to a circumscribed terrain in order to discharge the distressing, diffuse excitability. Finding the point of attachment is a way of systematizing the spreading of anxiety, hence the most annoying because not contained in any way. This is similar to what happens when an individual, not sure of himself, seeks support and certainty in pedantic attention to order in his activities. Fear of death is one of the symptoms of a narrow affective excitability. It develops when death is experienced under unexpected conditions. In an introvert undergoing puberty, inclined toward excessive self-analysis, fear of death can develop from the substrate of general affective overexcitability. This is understandable when we consider that puberty is characterized by a certain mental disaggregation, regrouping of tendencies, their

¹¹ Tetanoidal symptoms resemble those of tetanus, such as spasms and rigidity of muscles.

[internal] wrestling, and increased emotionality of individuals in this period. In nervous individuals, this state may be combined with the sense that some tendencies and personal traits are waning, and the sense that the transformation is too abrupt.

Through the influence of a favorable constellation of factors (frequent irritations and traumas), the general form of excitability may attach itself to a fear of the possibility of the advent of fear; the constant anxiety may precipitate the fear of an unknown (assault, ridicule, finding oneself in society feeling the eyes of others on oneself, and so on). Against the fear of an assault, the person seeks self-protection in various ways. Thus we observe a tendency to walk close to walls of buildings, taking place in social gatherings against the wall to “protect oneself partially.” In this context we need to mention the fear of [open] space and the phobia of being closed in. It’s important to stress that organic factors may play a role here (pulmonary difficulties of the upper respiratory system) as well as spasms of blood vessels and tendencies to fainting. The latter factors may reside at the basis of the fear of death.

I mentioned earlier the fear of the possible advent of fear. This is a kind of projection into the future of the complex of affective excitability. The individual seeks a fixing in the future in order to anchor the distressing diffuse state of excitability in a narrower terrain. The fear of receiving a letter with sad news, of making an error in taking care of things, or of the chance of losing something, frequently becomes the apprehension that something ill-defined and distressful is going to happen. Phobias without an object or without adequate cause together with states of anticipation appear as an intermediate form between the general and the narrow form of affective excitability. It is a state of anticipation of concrete signs. The tension grows until systematization takes hold. In certain cases, we can already speak of systematization, namely, the fear of fear. These are states of anticipatory anxiety, of fear of an unclear distressing possibility, the inchoate feeling of not completing something undefined that should have been completed, of searching for the means to do so and not finding them. We observe this in nervous youths in school. The constant apprehension of the moment of being asked a question, the fear of feeling the eyes of the whole class on oneself, and anticipating shame in the case of giving the wrong answer, causes difficulties of focusing attention on the subject as well as falling prey to intrusive fear.

Chronic state of anxiety, when associated with shyness, becomes the dominant trait of certain individuals. Their fearfulness combined with introversion grows out of their affective overexcitability; the state of “shaky balance” harmonizes with the psychic structure of those who are fearful, who on the one hand are overexcitable emotionally, and on the other hand have an outstanding inclination toward reflection. Shyness frequently rests on excessive self-observation and drawing inferences, most often negative in regard to

one's appearance and social worth. The exaggerated self-observation is connected with an exaggerated perceiving of unfriendliness and hypercriticism. This condition intensifies in puberty when the child, sensing changes in his or her psyche, believes that he or she is being observed by others, which often results in a tendency toward isolation, the so-called phobia of the gaze of others, and a great variety of tics, such as shrinking of posture, raising one's arms, etc. In older neurasthenic youths,¹² and also in adults, shyness sometimes takes the form of fear of one's partner and of psychological sexual impotence.

Among hereditary factors of importance for the constellation of affective overexcitability, we shall mention primarily relatively frequent cases of tuberculosis, tendency toward illnesses of the circulation system, general poor health, neuroses and neuropathies, and sometimes mental illnesses. Among past and current illnesses of a person with affective overexcitability, we shall mention tuberculosis, heart defects and disorders of circulation, adenopathies,¹³ illnesses of the upper respiratory system, internal secretory disorders, sensory handicaps, and all the disorders and disabilities that create obstacles and an incapacity to adapt to life. Among psychological factors we shall mention, first of all, conditions harmful to the child that occur in the child's immediate environment and cause traumatic experiences, the feeling of being wronged, the feeling of inferiority, excessive inhibition. Additional factors are: the parents' high irritability, atmosphere of high emotional tension, unequal treatment of children, lack of self-reliance, excessive emotional exclusivity, and lastly, a non-pedagogical approach to the child in developmental periods, overburdening with schoolwork, an abnormal development of the child's ambition, etc. Injurious factors include doing wrong to and humiliating the child (orphans, half-orphans, and children without parents) as well the use of inappropriate punishment.

One of the more important factors of the appearance and development of affective overexcitability is the abnormal psychophysiological process of separation of the child from the mother. The child, having left the safe and protecting conditions of the womb, when encountering distressing external conditions finds partial compensation being held in the mother's arms in the atmosphere of her caresses and tenderness. In the case when the process of separation from the mother is speeded up, uneven in regard to periods of intensity, interrupted (periodic aversion to the child, premature handing over to others for care, early orphaning), it leads

¹² The term neurasthenia can be found elsewhere in Dąbrowski's (1937, 1967, 1970, 1972) works. See Bakker (2010) for more on the history of this condition based on symptoms similar to what is now considered attention-deficit hyperactivity disorder (ADHD).

¹³ Adenopathies: large or swollen lymph nodes.

to the development of difficulties in mastering the external environment, not feeling safe, weaker development of perception, and weaker development of selectivity in responding to stimuli.

I omit here the issue of the influence of these factors on the sometimes advantageous development of symptoms of affective overexcitability for the individual and for the group. This subject will be addressed in the last chapter of our paper.

Imaginational Overexcitability

Those with overexcitable imagination present a broadening of the sphere of imagination to the detriment of sensory experience and in many cases of the affective and psychomotor spheres. Without doubt, the principle, *Nihil est in imaginatione, quod non prius fuerit in sensu* [nothing exists in the imagination that previously was not in the senses], applies here. Tracing the development of imagination in an overexcitable individual, we notice that sensory impressions do not enrich the psychic structure harmoniously, that some of them act longer, stronger, and in a wider range, and in this way inhibit and push to the margin other impressions.

In every so-called “normal” individual, impressions and perceptions, that is sensory experiences, are a constant indispensable element of imaginative, affective, psychomotor, and intellectual experiences. In order to gain strength for transformation and change of structure, the process of imaging requires an ongoing reference to impressions and perceptions. This looks a little different in those with overexcitable imagination. The immediate sensory experience, to a large extent, loses the most important element of these experiences: its real-making, verifying, genealogical weight; instead, in the development of imaginative processes sensory experience becomes limited to playing the role of stimulus. In children with overexcitable imagination, we observe a much lesser ability than in other children to separate products of imagination from reality, but much greater tendency toward animism and illusion.¹⁴ When the overexcitability of imagination is exceptionally strong and has not had any arrest in its development, it feels to the child as a much more intimate world than the world of direct sensory experiences. For such children, school, and even preschool, is usually a source of discomfort that inhibits their inclinations, in short, a difficult situation to adjust to.

Such children readily yield to a stream of involuntary associations because they are not capable of submitting themselves to the conditions imposed on them that demand constant adjustment to reality. When they start attending school they become depressed, lose weight, grow thin; they are usually viewed as able, but odd,

¹⁴ For the vast majority of children this observation is not supported by research (Singer, 1975).

inattentive, sickly. Inattention is the result of the necessity to tear oneself away for short or longer time from the class and the subject that does not engage them. However, when the subject, the teacher's approach, and the general atmosphere exert a strong influence on the direction of their imaginal processes, they then temporarily earn the opinion of being bright students.

In puberty they are characterized by psychological infantilism even if their physical development is normal. The stage of daydreaming is extended, the stage of flirting almost unknown; the third and fourth stages, that is physical intimacy and sexual life proper, are much delayed, infantilely colored, one-sided, and generally weaker than in other types.

Because the characters created in their fantasies represent for them real value, they also attach this value to real persons. At the same time they lack the ability to accurately evaluate the subject of a real sexual drive; consequently, their emotional fixation is usually erroneous and the emotional bond a failure. When the richness and range of fantasy has a decisive advantage over physical sensations, then traumas, disappointments, and depressions related to life situations—despite their seeming intensity—do not leave behind deep traces because they can always be compensated for in the world of imagination.

A frequent occurrence is an emotional relationship of such individuals with older persons of the opposite sex. We suppose that this is occasioned by the psychological infantilism of these individuals whose life experience is limited and their attitude is passive, since the richness and vividness of fantasy is joined by lack of life know-how and the need to find support, and in a sense care, in an [older] person of the other sex.

I already indicated that this type is inclined toward illusion, and not infrequently hallucination, and that the real world is only a stimulus for a rich play of fantasy. Distinctive of this type is the creation of characters, even of whole scenes, in the design of wallpaper, patterns in rugs and carpets, whole scenes and figures on the background of the play of light in nature.

Under conditions that allow a relatively even development of this kind of structure, the individual does not view the experiences as strange and provoking anxiety, but takes them as essential to oneself; under such conditions, there is no ground for developing inhibitions and phobias.

Very frequently, children and youth of this type are fond of the aesthetic, poetry, painting, and music. Quite often in children 8 to 10-year-old we see poetic and musical abilities. More often than others, such children show tendencies toward solitude, pensiveness, and reverie. They usually avoid the larger milieu, have a strong attachment with the closest members of the family, with a friend, or with a small group of friends. They do not like games, sports, noisy settings, but prefer to dwell in the world of nature, books, and their own thoughts. Such children and youth absorb an enormous range of

literature. In many cases they are capable of spending a whole day reading. Theater and cinema also play a significant role in their lives.

Sometimes these types have difficulty sorting out direct experiences from imaginal ones; at times reality loses its distinctness and surrounding objects are seen as if through fog. Imaginal experience can be so intense that the individual loses sense of time and place. Characteristic experiences of such individuals are wakeful dreams in the form of seeing and experiencing figures, scenes, hearing voices when lost in thought and yielding to the stream of involuntary associations, while the individual takes part in the scenes or watches them without taking part. Without doubt this is a symptom of disconnection from actual reality, closing of the psyche to the external world, a light trance as it were, from which the individual can be easily brought back by a gentle stimulus—a light touch or whisper. If we had the complete trust of the person and asked if the half-dream experiences he or she regards as real, we would often hear that they carry a greater importance for them than dreams and daydreams have for us.

We find this stance also in mixing dreams with waking experience. Frequently, in some circumstances, the individual of this type does not know clearly whether this or another experience took place awake or in a dream. The cause of this is the power of experience in imagination and fantasy. It must be stressed that in these types night dreams are more systematized, concretely laid out. Night dreams serve the role of completing waking dreams, they are an expression of the need for imaginal experiences even more intense than in wakefulness, and lastly they are the terrain where affective needs can be realized. In children and youths with a strongly developed life of imagination who are oversensitive, feel less valued, and harbor feelings of being mistreated, we encounter fantasies of their own death, a catafalque, lying in a coffin amidst flowers, surrounded by sympathy, sorrow, and respect. Here we also encounter manifestations of nervous acting, semi-conscious confabulations, in which being noticed, in full view, the object of attention, plays a significant role.

Among hereditary factors, as well as past and coexisting illnesses in an individual with overexcitable imagination, we have not noticed anything particular. We shall only mention frequent contracting of tuberculosis, illness of the respiratory tract, diseases of the heart and the circulation system, and a generally weak constitution. Relatively frequently their ancestors also manifested overexcitability of imagination. Among psychological factors, we shall mention on the one hand, being an only child together with an atmosphere of oversensitivity, and on the other hand—humiliation and an atmosphere fostering a feeling of inferiority. Hothouse atmosphere, emotional exclusivity, and admiration of the child cause an egocentric attitude, a sense of superiority, all of which intensifies wants; loss of that kind of atmosphere while retaining the attitude, causes moving to the land of dreams. On the other hand,

mistreatment and humiliation cause a feeling of inferiority and tendencies to seek gratification in the world of imagination. Certain hereditary dispositions, as well as the influence of family and the environment, can affect the development of daydreaming and preference for fantasy. These hereditary dispositions can weaken the ability to adjust to reality and increase interest in the world of dreams. When we are deprived of the good we have been accustomed to, life changes that move us from an atmosphere of caring to one of coldness, from affluence to poverty, together with disillusionments can create a tendency toward escape from reality. An atmosphere permeated by literature, art, poetry, adventures, and travel creates favorable conditions for the development of this form of excitability.

Sensual Overexcitability

Characteristic of sensual overexcitability are sensory reactions in behavior and conduct at the cost of other responses. Hence it appears that affective life depends on diverse and variable sensory stimuli without dominant emotional tendencies, without fixed reactions in life; hence experiences in imagination are associated with continuously changing sensory stimuli acting in the present; hence acting proceeds from happening to happening without any clear line of life, depending on variable irritation from actual factors. Excessive interest of this type in sexual matters, already in early childhood, makes it possible to understand exclusively within this type the “polymorph perverse” that Freud considered to be universal.¹⁵

In the sensual overexcitability type we can distinguish the narrow and the general, diffuse type of overexcitability. For instance, the first type is characterized by overexcitability of the sexual zone, overexcitability of the skin, smell, sight, and hearing. General sensual overexcitability encompasses as it were the whole structure of the individual and distributes itself more or less evenly across individual senses.

Let's begin with the second form [global] of this phenomenon. A child of this type will need frequent caresses, kisses, and cuddling with the mother. The child needs constant contact with the mother's body. Not infrequently in these types, erotic awakening takes place. Teachers and tutors describe this type of child as “gluey” and “sticky.” Greediness and capriciousness in regard to food is another trait of this type. We observe not only overeating but also an excessive attention to meals, preparation of dishes, and the time devoted to eating. During meals there is also more frequent sniffing of the food.

¹⁵ In American usage ‘polymorphous-perverse,’ a term used by Freud to describe the undifferentiated sexual disposition from infancy to age five. The term disappeared from psychiatric literature and dictionaries.

Increased Psychic Excitability

During puberty in youths, and especially in girls, one is struck by an excessive tendency toward flirting and coquetry. In such individuals, flirting is not an expression of an attempt to test one's effect on another in order to find the one who is most compatible, but is an expression of the need to experience varied sensory stimulations but without any selectivity. We call such experiences epidermal sensations or experiences at the surface of the skin. In boys in this period, though less frequently, one notices a need to play at being a ringleader. To this group belong many members of the "golden youth." In dance there is only a weak need for a psychomotor release, for shared communal, rhythmic and music-affective experiences, but a primary need for sensual experiences. In honest disclosures in surveys, they emphasize the desire to change friends and lovers "like gloves." Individuals of this type desire to be heroes or heroines of ever new erotic experiences. Some of them show a predatory instinct, usually thoughtless, taking delight in ensuing misunderstandings and contests. These individuals are characterized by a facility for approaching others, sociability, but lack of collegiality. One of the traits is self-admiration and the need for being adored. Hence an inclination toward lying, confabulation, and acting. There is also a tendency toward autoeroticism through admiration of one's appearance, and perpetual looking in the mirror. Excessive sensual sensitivity without a deeper emotional base, linked with the desire to draw attention to oneself, lies behind an attraction to jewelry; it's notable for these persons that it is easy to let go of jewelry items while always hungering for more. The lack of more enduring relationships, the not binding sensory impressions together into a harmonious structural constellation with affective, psychomotor, and intellectual experiences, explains to some degree the lack of ability to form lasting attachments to objects, places, customs, and traditions. These types do not have a strong need for family bonds, and that lack introduces severe problems into marital and family life. Such persons as a rule do not seek in themselves the responsibility for the problems, but always in external conditions.

The sensual kind of experience depends on variable, uncoordinated, random impressions, where being selective and achieving a broader thought integration is problematic. Consequently, sensually overexcitable individuals dislike serious conversations, meditation, philosophizing, and self-analysis. They also dislike solitude, which narrows down the range of stimulation, and predisposes to reflection, contemplation, and taking a look at oneself as if from outside. Some of them, under conditions of unavoidable solitude, take sleeping pills in order to prevent fears that arise because of the lack of strong sensual stimuli, their weakening, and the restriction of their range of operation. For individuals of this type issues of worldview are of minimal significance. Their physical vitality is so strong that certain questions, for instance, the unavoidability of one's death, are foreign to them. The momentary

fear when facing signs of death is very quickly counteracted by strong changeable impressions, all the more because this kind of fear reaches into deep layers of personality.

Interests of those who are predominately sensually overexcitable individuals are primarily connected with social and sexual life, with the need to interest others in oneself, and putting oneself first. Such persons often manifest strong interests, and often great talents, in dress, fashion, and jewelry. They find satisfaction in work that brings them in contact with well-to-do, elegant clientele, and members of the other sex. I knew a number of persons who evinced interest and talent in ballet. Some among them showed the interest and ability to tastefully appoint the living space, select trinkets, and colors; they displayed an excessive attention to comfort. To create a life plan and systematically apply one's will is a rare phenomenon here.

When as a result of the activity of various factors, the overexcitability appears particularly strong only in some areas, creating a certain functional assembly often at the expense of making other areas weaker, we are dealing with the narrow type of overexcitability.

Here we see numerous, differentiated sets of overexcitability, primarily sexual excitability with excessive eroticism, with oversensitivity of sexual organs, compulsions in this area, oversensitivity of the skin; sensual overexcitability in relation to taste, or in the need for every kind of comfort, etc.

Some of the factors that may have hereditary influence are sexual psychopathy, hysteria, alcoholism, and certain not precisely differentiated sets of symptoms (gourmandism). Also one needs to stress the advanced age of parents at the conception of children.

Among past and current illnesses, we mention relatively frequent illnesses of the digestive system, skin diseases, blood vessels spasms, and other. Relatively frequently we observe excessive excitability of the skin to touch, pain, temperature, and excessive sensitivity to tickling. I have found that the men's cremasteric reflex exhibits the interesting phenomenon of marked expansion of the excitable area (the whole lower abdomen, beginning with the line to the navel, interior and upper surface of the thighs to the middle of shins).¹⁶

From the pedagogical factors we must mention first of all the influence of the atmosphere of the immediate environment, adoration, excessive caresses, and sexual traumas. Being a single child is very often associated with this constellation of overexcitability. Excessive stimulation of the child's erogenous areas (with kisses, caresses), sleeping with the child, and excessive attention to the child's physical attractiveness, intensify this excitability complex.

¹⁶ The cremasteric reflex, a lifting of a testicle, is a contraction of the cremaster muscle in response to the stroking of the inside of the thigh.

When I was discussing causal factors of affective overexcitability I talked about shortening, interruption, and traumas in relation to the process of psycho-physiological separation from the mother's body. With the sensual form of overexcitability, a different fact plays a role, namely, unnatural prolongation of the period of contact with the mother's body. The role of this factor is discussed in more detail in the causality of appropriate cases.

t. b. c.

Increased Mental Excitability¹⁷

Mental overexcitability is the least common form of psychic overexcitability. It concerns cognitive abilities. In this form of excitability the receptive, disposing, and executive psychic functions find their place in the cognitive sphere. It is a kind of transposition of any psychological activities onto cognitive abilities.

Individuals with this form of excitability manifest an interest in inner and outer phenomena primarily from the cognitive perspective. They approach everything as a problem. Hence questions such as what is it, why is it the way it is, and for what? In the general population we do not see until puberty this way of treating everything as a problem, but it is different for individuals who are intellectually overexcitable.

Already in small children of this type the age of questioning is more intense. They demonstrate the need to pose problems and to receive answers that satisfy their thinking. Very early these children give evidence of being highly perceptive, whether they are extraverts or introverts. Also very early they develop an inclination toward logical-causal thinking, and less to magical thinking. Here criticizing is associated with a great independence of thinking; this is why such individuals rather early become independent in their judgments and opinions; they become independent of the authority of those who are older.

Great, even outstanding abilities, of children are usually associated with this form of excitability. We can say that a distinct dominance of excitability of the mental sphere does not create any special difficulties except for one-sided development of the theoretical side at the cost of the practical, and except for certain disharmony between mental maturity and the lack of maturity of other structures; we also observe a kind of affective infantilism side by side with mental maturity.¹⁸ As is the case for other forms of increased excitability, also here appear two kinds of increased mental excitability: an increased excitability encompassing the mental structure globally and a narrow excitability encompassing specific

¹⁷ K. Dąbrowski. *Spoleczno-wychowawcza psychiatria dziecięca* (Social-educational child psychiatry, 2nd ed.). Wydanie 2 (pp. 89–92). Warszawa, Poland: PZWS, 1964.

¹⁸ Dąbrowski appears to be aware of the developmental asynchrony in intellectually gifted children.

structures and mental functions in a more limited range, namely increased tendency toward introspection or external observation, excessive criticism, apprehending reality causally, logically, and symbolically, etc.

When a very broad receptivity is associated with affective overexcitability, the global form of excitability favors the development of a very rich mental structure with multiple abilities and with high self-awareness (eminent personalities). The narrow form brings about one-sided development of outstanding abilities that in the face of life difficulties, combined with small plasticity, may lead to disintegration of a negative character or to rigidity and arrest of development.

What typological characteristics are usually associated with increased mental excitability? We lack sufficient observations and investigations to allow concrete conclusions. It would appear that increased excitability of the mental sphere with a broader, global reach often is associated with mixed types, while the narrow form is associated with a set of schizothymic¹⁹ and introvert traits. Certain coercive traits²⁰ (Herman Rorschach) are frequent here.

Intellectual overexcitability often appears together with other forms of psychic overexcitability. In extravert, cyclothymic²¹ types the conjunction with psychomotor excitability usually appears in the form of thinking through action, in practical-intuitive approach to things. Ideas are quickly realized and put to practice. Increased mental excitability when combined with the affective excitability appears most often in schizothymic introvert types. Hence the tendency toward deep thought, philosophical deliberations, excitability of awareness, and introspective attitude. In such individuals usually a great distance separates the thought stimulus and the working out of thought contents. The synthesis of various meanings tends to come about rather slowly. There is a tendency toward perseveration, introspection and prospection, linking conscious processes with unconscious ones, linking attachments and thought agglomerates as a consequence of sensitiveness and inhibitions, as well as of thought-affective complexes.

The association between increased imaginal and intellectual overexcitabilities creates a structure inclined to prospection, symbolic thinking, infiltration of subconscious contents into consciousness, and the reverse, inclined to the prevalence of intuitive thinking over causal-logical, to including the remnants of magical thinking from puberty, in youth and even in adulthood.

¹⁹ Possessing schizoid characteristics, detachment from social relationships, within the limits of normality.

²⁰ Expressive of a personality that is constricted, narrow, limited, unable to generate emotions. A sign of coarctation in the Rorschach test is giving one- or two-word replies.

²¹ Refers to a relatively mild mood disorder in which moods swing between short periods of mild depression and an elevated mood.

Increased Psychic Excitability

The association between sensual and mental excitabilities usually causes prevalence of experience over abstract thinking, and a critical attitude over an intuitive one. In regard to how a worldview tends to develop in this case, we usually see an inclination toward sensualism.

Discussing increased excitability of the mental sphere presents the question of its place in the hierarchy of other tendencies and its special relation to other forms of increased overexcitability.

Thus the question, is the structure of increased mental excitability subordinated to drives, to goal-directed affective or volitional attitudes, or does it assume a directing role, at least under some conditions. It appears that not only in adults but also in children and adolescents the increased mental overexcitability structure assumes a disposing and directing role, and the drive, affective, volitional, and even intellectual (its proper territory) areas become areas of its active experiences, of its cognitive experiments, as it were.

As an active set, in mental experimentation the cognitive structure tends toward penetrating into domains that are distressing, often causing pain, anxiety, and life difficulties. These difficulties are then overcome in order to carry out an experiment and experience cognitive pleasure. Thus, in certain conditions cognitive tendencies would harbor inside them a dynamic center.

When experimenting in the mental area we usually observe the work of self-awareness associated with stratified [multilevel] disintegration, and also with differentiation. Such experiences characterize mature people, but can also be proper to the period of puberty. They are notable not only due to attitudes of ambivalence and ambivalence, but due to extremely different, at times contradictory worldviews, opposing cognitive methods, application in thinking of various forms that somehow do not agree with one another.

* * *

Increased psychic excitability, that is nervousness, causes sensitization of receptors in various areas, and as a result of an uneven array of different forms of excitability it is the source of conflicts and struggles of sets of tendencies, opposing, remaining in contradiction, etc. In this way the range of psychological sensitivity increases significantly, hence also that of psychic richness.

Increased affective, imaginal, and intellectual excitability, besides sensitizing receptors and enlarging the circumference and the "surface" of psychic sensitivity, develops the attitude of prospection and retrospection, influences in a basic way the linking of conscious and subconscious experiences, which in turn enhances in some measure the reserves of psychic energy, not indifferent for creative work. All forms of increased psychic excitability, and especially affective, imaginal, and mental, cause a stratified [multilevel]

disintegration; they allow a hierarchical conception of varied levels of the structure of a human being, and on the other hand, strengthen the individual's developmental dynamism because of participation of consciousness in this process. The essential basis of development through the process of disintegration includes a sense of hierarchy, superiority and inferiority, guilt and the need of an ideal, both unconscious and conscious. Consciousness that apprehends itself on a higher and lower level creates the stance of valuing, introduces moral elements into the life of the individual and the group, strengthens the attitude of prospection and retrospection, and infiltration of consciousness into subconsciousness. In this way psychic development is accelerated. We have mentioned above that *nervousness* on the one hand *accelerates the individual's development*, and on the other hand—*constitutes the first stage of neuroses and psychoneuroses*. The latter are dangerous for further development, even as they increase the developmental dynamics, because they can also lead to excessive tension and to negative disintegration.

[The text continues with descriptive and differential diagnoses and treatment of overexcitabilities.]

References

- Bakker, N. (2010). Before Ritalin: Children and neurasthenia in the Netherlands. *Paedagogica Historica*, 46(3), 383-401.
- Battaglia, M. M. K. (2014). The life of Kazimierz Dąbrowski. *Advanced Development*, 14, 12-27.
- Battaglia, M. M. K., Mendaglio, S., & Piechowski, M. M. (2014). Kazimierz Dąbrowski: A life of positive maladjustment (1902-1980). In A. Robinson & J. Jolly (Eds.), *Gifted education: A century of illuminating lives* (pp. 181-197). New York, NY: Routledge, Taylor & Francis.
- Dąbrowski, C. (1937). Psychological bases of self-mutilation. *Genetic Psychology Monographs*, 19, 1-104.
- Dąbrowski, K. (1938). Typy wzmożonej pobudliwości psychicznej (Types of increased psychic excitability). *Biuletyn Instytutu Higieny Psychicznej* (Bulletin of the Institute of Mental Hygiene), 1(3-4), 3-26.
- Dąbrowski, K. (1964). *Spoleczno-wychowawcza psychiatria dziecięca*. Wydanie 2 (Social-educational child psychiatry, 2nd ed.). Warszawa, Poland: PZWS.
- Dąbrowski, K. (1967). *Personality-shaping through positive disintegration*. Boston, MA: Little, Brown.
- Dąbrowski, K. (with Kawczak, A., & Piechowski, M. M.). (1970). *Mental growth through positive disintegration*. London, UK: Gryf.
- Dąbrowski, K. (1972). *Psychoneurosis is not an illness*. London, UK: Gryf.

- Dąbrowski, K. (1996). *Multilevelness of emotional and instinctive functions*. Lublin, Poland: Towarzystwo Naukowe Katolickiego Uniwersytetu Lubelskiego.
- Dąbrowski, K. (with Piechowski, M. M.). (1977). *Theory of levels of emotional development*. Vol. 1. *Multilevelness and positive disintegration*. Oceanside, NY: Dabor Science.
- Dombrowski, C. (1929). *Les conditions psychologiques du suicide*. Genève, Switzerland: Imprimerie du Commerce.
- The heroism of sensitivity. (1994). An interview with Kazimierz Dąbrowski. *Advanced Development*, 6, 87-92.
- The Lancet*. (1899). States of over-excitability, hyper-sensitiveness, and mental explosiveness in children. *The Lancet*, 154 (3961), 292.
- Piechowski, M. M. (2014). The roots of Dąbrowski's theory. *Advanced Development*, 14, 28-41.
- Silverman, L. K. (1997). The construct of asynchronous development. *Peabody Journal of Education*, 72(3&4), 36-58.
- Terrassier, J. C. (1985). Dyssynchrony: Uneven development. In J. Freeman (Ed.), *The psychology of gifted children* (pp. 265-274). New York, NY: Wiley.
- Singer, J. L. (1975). *The inner world of daydreaming*. New York, NY: Harper & Row.
- Stern, W. (1914). *The psychological methods of testing intelligence*. Vol. 1. Baltimore, MD: Warwick & York.
- Venes, D. (2013). *Taber's cyclopedic medical dictionary*. Philadelphia, PA: F. A. Davis.
- Zuckerman, M., Kolin, E. A., Price, L., & Zoob, I. (1964). Development of a sensation-seeking scale. *Journal of Consulting Psychology*, 28(6), 477-482. <http://dx.doi.org/10.1037/h0040995>