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Psychic Spasmophilia and Mystical Experience style='mso-bidi-font-size:12.0pt'>

[This paper is a rough draft consisting of reflections on the neurophysiological basis for some aspects of inner psychic transformation plus a preliminary report on some relevant empirical research.]

(In *Psychoneurosis is Not an Illness*, Dabrowski refers to a condition identified as “spasmophilia,” defined as “the tendency toward muscular twitching, spasms, or convulsions from even slight mechanical or electrical stimulation” (pp.304-305), and a type of personality, called the “tetanoidal personality,” defined as a “personality type...characterized by muscular twitching, spasms, tendency to convulsions, etc., as in tetany” (p.305).

(These terms are not in current use and apart from the definitions already cited, Dabrowski did not elaborate upon the condition, so it is difficult to know exactly what he meant by them. However in the abstract for a presentation at the First World Congress on Chronic Fatigue Syndrome and Related Disorders in Brussels, November 9-11, 1995, one can find the following statement:

In France, we know for a long time [of] a chronic illness that includes many agonizing---but common--symptoms such as crippling muscular fatigue, muscular pain, loss of intellectual efficiency, anxiety, headaches, digestive and cardio-vascular spasms, sleep disorders and non-epileptic seizures. We call it "Spasmophilia" and referred to a disorder with a neuro-muscular hyperexcitability... (Downloaded April 19, 2000 at: <http://www.cfidsfoundation.org/conferences/firstwoldabstracts.htm>)

(In an article published online by the Foundation for Integrated Medicine Leo Galland (of the Great Smokies Diagnostic Laboratory, Asheville, N.C., USA) speaks of tetanic seizures.

Tetanic seizures were treated with mineral salts as early as the seventeenth century. The naming and description of the tetany syndrome, with manifestations that varied from emotional lability and paresthesias to carpal-pedal spasm and epileptiform convulsions, occurred during the second half of the nineteenth century. The recognition of physical signs (Trousseau's, Chvostek's and von Bonsdorff's) led to an understanding that tetany could occur in a latent form with symptoms occurring only intermittently or not at all. (Downloaded April 21, 2000 at: <http://www.mdheal.org/magnesi1.htm>)

From the above it appears that spasmophilia and tetanoidal personality refer to a condition marked, among other symptoms, by non-epileptic (but nevertheless epileptiform) convulsions, or seizures, of a *somatic* kind.

(In addition to this *physical* condition, Dabrowski also refers, in the glossary of *Psychoneurosis is Not an Illness*, to a *mental* condition for which he coined the term *psychic* spasmophilia (or less often, *mental* spasmophilia). Within Dabrowski's definition of spasmophilia can be found the following brief definition of psychic spasmophilia:

Psychic spasmophilia is a metaphor used here to describe easily mobilized strong and sudden involuntary emotional reactions, tensions, which are experienced not unlike internal convulsions. (pp.304-305)

In the same glossary can also be found a longer definition of psychic spasmophilia:

Condition analogous to the "spasmophilic" constitution (see Spasmophilia). Psychic spasmophilia does not depend on the physical spasmophilic constitution but may, when present, function together with it. The characteristic traits are excessive sudden responses to positive and negative psychic stimuli. Psychic spasmophilia is an expression of susceptibility to frustration or to being hurt. It acts also as a psychic defense against too strong stimuli by giving a warning signal to consciousness about impending emotional danger or overwhelming joy, which may upset the balance. This mechanism serves the role of delaying or "diluting" negative and positive stimuli of an intensity higher than the system can handle. (p.303)

Psychic spasmophilia then is a defense against excessive stimulation of the kind that might be associated with psychic overexcitability. Specifically alluded to is emotional overexcitability, but it is not the only form of overexcitability associated with psychic spasmophilia, as can be seen from Dabrowski's diagnoses of some of his patients.

(In one of the case studies (S.M. or Case 6) in *Psychoneurosis is Not an Illness*, it is reported that the patient went through mental spasms. And at the same time we are told that the patient possessed imaginal as well as emotional overexcitability (and possibly sensual overexcitability).

S.M. was 23. He studied history and theory of art at the university and at the same time he attended the of Fine Arts in Warsaw. Prior to that he changed his major subject several times.

For some years he had symptoms of excessive nervous excitability, he was depressed and began to think of the danger of mental illness. In a few months his condition became more aggravated. He went through periods of “mental spasms.” On one hand he considered himself normal; on the other hand he thought of himself as one overly concerned with moral issues.

He went to look at places of execution (he lived in Warsaw after the Second World War); he experienced the tragedies of the past as something of actual validity, something authentic. He was hypersensitive to blood. He thought that those who pass away are being consecrated to him, so that he becomes responsible for the continuation of their lives...(p.82)

The concern of S.M. with moral issues suggests some degree of emotional overexcitability as do his feelings of responsibility for the lives of innocent persons who were executed. But the latter is also indicative of imaginal overexcitability as is his experience of the “tragedies of the past as something actual.” And on the basis of a psychological-psychiatric examination Dabrowski explicitly states that S.M. possesses “outstanding affective and imaginal sensitivity” (p.83). His hypersensitivity to blood might be a sign of some measure of sensual overexcitability. And intellectual overexcitability can be inferred from the following descriptive passage:

Moral problems were of such fascination for him that he wanted to discontinue his studies in art. He was interested in the fate and destiny of man, in his crisis in medical, psychological, moral, educational, or legal aspects. (p.82)

Dabrowski summarizes the pattern of overexcitability (as well as the level of development) in the case of S.M. in these words:

S.M. represents an outstanding, positive personality development at the level of advanced multilevel disintegration. He is very sensitive, with increased affective, imaginal, sensual and mental activity. (p.84)

(In the glossary of *Psychoneurosis is Not an Illness*, can be found yet another term—i.e., *prespasm---* which Dabrowski says is related to psychic spasm:

Prespasm [is] a prespasmatic state. A state of "preparation" for psychic spasm resulting from painful external or internal stimuli and tension. These stimuli evoke unpleasant reactions and result in fear or flight (avoidance) in acute, unconscious forms. (p.302)

Once again the idea is that the function of a psychic spasm is as a form of protection or defense against overstimulation. And we learn in addition that it could be stimulation of an *internal* (possibly of an emotional or imaginal or intellectual) kind or of an *external* (i.e., of a sensory) kind.

(In two of the case studies reported in *Psychoneurosis is Not an Illness*, the individuals are said to exhibit signs of prespasms. From these case studies one gets the further impression that what Dabrowski has in mind, when he uses the term prespasm, is a phenomenon that is both physical and

mental. From Dabrowski's discussion of these two case studies we can get some idea of the overexcitabilities associated with prespasms.

The process of disintegration in hysterical neurosis is manifested by an increased excitability, by ambivalences which are predominantly affective, by partial suggestion and autosuggestion (not embracing the whole psyche but rather its particular areas), by a tendency toward extremist attitudes, by particular psychomotor reactions (prespasms, functional or hysterical paralysis). Strong affects are always involved...These reactions are present in Case 5 and Case 7. (pp.93-94)

The mention of "strong affects" indicates the presence of emotional overexcitability and this is explicitly affirmed by Dabrowski at least in Case 5, about whom he says, the "patient shows distinct excitability of the emotional and imaginal type" (p.37).

(The results of a general neurological examination of Case 7, according to Dabrowski "indicate a generally enhanced psychical excitability, particularly sensual, [and] tendencies towards "psychic spasmophilia" (p.86). Some indirect evidence for imaginal overexcitability for Case 7 is also provided.

Case 7 represents narrow forms of suggestion and autosuggestion [imaginal oe]. They are limited to the need of becoming a mother. This is expressed in the somatopsychic symptoms of her conviction that her abdomen was enlarged. (p.94)

And in his discussion of hysteria Dabrowski provides some indication that both imaginal and sensual overexcitabilities are present in Case 7.

At a middle level we would have a number of syndromes characteristic of hysterical conversion, with a high emotional sensitivity, weak analysis and weak reflectivity as well as weak inner psychic transformation. A good example is Case 7 where there are distinct symptoms of conversion, magical thinking [imaginal oe] activated under the pressure of strong basic drives (sexual [sensual overexcitability] and maternal). (p.124)

(To summarize the picture as it emerges from Dabrowski's clinical data, is that psychic spasmophilia (or its precursor in the form of prespasms) is associated with sensual, imaginal and emotional overexcitabilities. It may also have some relationship to intellectual overexcitability. This picture is consistent with the embryonic theory provided by Dabrowski about the function of psychic spasmophilia---i.e., that its function is to protect persons from excessive stimulation from inner or outer sources. Stimulation from the outside, coming through the senses, will be more intense for those with sensual overexcitability. Overstimulation from the inside, in terms of the theory of positive disintegration, could come from emotional, imaginal and/or intellectual overexcitability. However in only one clinical case (Case 6) was intellectual overexcitability noted, as opposed to the presence of emotional and imaginal overexcitability in all three of the relevant case studies.

(I would suggest that individuals are in need of psychic spasmophilia as a *defense* against intense

stimulation (i.e., psychic overexcitability) because of the inevitably *contradictory nature* of the information provided through the emotions, the imagination, the intellect and the senses, and that the likelihood of this occurring increases with the increase in the number, and the increase in intensity, of the overexcitabilities involved. I further suggest that psychic spasmophilia is a phenomenon similar to that referred to by Michael Persinger as temporal lobe transient activity, or temporal lobe microseizures. Persinger sees this phenomenon as the physiological substrate of mystical (and of intuitive or creative) experiences. His description of the phenomenon is as follows:

According to the hypothesis, the actual mystical or religious experience is evoked by a transient (a few seconds), very focal, electrical display within the temporal lobe. Such temporal lobe transients (TLTs) would be analogous to electrical microseizures without any obvious motor components; some facial expressions, such as ecstasy and occasional lacrimation would be noticeable. Lip smacking, facial distortions, automatisms, and vagal glossopharyngeal-mediated vocalization (speaking in tongues), followed by amnesia, would occur in more extreme conditions. Although most TLTs should be subcortical in origin, some would be represented within electroencephalic (EEG) profiles. They would be characterized by local, perhaps even lead- specific, transient, seizure-like signatures surrounded by normal activity. (Persinger, 1983)

(Persinger states that some persons are more predisposed to temporal lobe microseizures than are others—specifically that the tendency is normally distributed in the population. But specific instances of temporal lobe transient activity could be triggered by any one of a number of stimuli.

A variety of predisposing factors would determine each person's initial position along the temporal lobe continuum. People whose brains are prone to membrane fusion and to recurrent low-level epileptogenic foci, would be particularly sensitive....A range of precipitating factors exist[—] less severe and mundane stimuli include fatigue, social isolation, peaks (early morning) or shifts (travel) in circadian rhythms, musical stimuli, smells (incense), and vestibular (rocking) stimuli. They could be combined in various patterns but their efficacy would be dominated by the learned or physiological propensity to statistically stimulate relevant temporal lobe structures. Intermediate stimuli, which could be singularly effective, include hypoglycemia (fasting), hypoxia ("mountain top reveries"), certain psychedelic drugs, intense pain (including child birth), and direct stimulation of peripheral limbic afferents, such as the sciatic nerve, by exotic procedures (yoga positions).

(Two life crises, the anticipation of self-demise and the loss of a loved one, are notorious biochemical disruptors that particularly influence TLT probability. (Persinger, 1983)

(While, in Dabrowski's view, psychic spasmophilia "serves the role of delaying or 'diluting' negative and positive stimuli of an intensity higher than the system can handle" (p.303), subjectively the experience can also be one of insight, inspiration, contemplation or ecstasy. In other words, I am suggesting that the phenomenon is more than just a defensive reaction to intense overstimulation, but rather it also provides the occasion for the discovery of a solution to the precipitating crisis.

(If temporal lobe transient activity and psychic spasms are similar or overlapping phenomena, then it could be suggested that the basis for both TLT activity and psychic spasms (and intuitions or mystical experiences) is psychic overexcitability. If this is the case one would expect to find a correlation between (1) scores on the OEQII measure of psychic overexcitability and scores on Persinger's measure of one's predisposition to temporal lobe microseizures; and (2) scores on the OEQII measure of psychic overexcitability and some measure of intuitive (or mystical) experience.

To test these hypotheses I undertook the following investigation.

Method

The OEQII (a measure of the five psychic overexcitabilities identified by Dabrowski), the Hood Mysticism Scale (a measure of mystical experience) and the Complex Partial Epileptic Signs cluster of Persinger's Personal Philosophy Inventory (a measure of TLT activity) were administered to 39 undergraduate students at Bishop's University in the winter and spring of the year 2000.

Results

- (1) If emotional, imaginal, intellectual and sensual oe are treated as independent variables to predict TLT activity, then 93% of the variance in the tendency to have temporal lobe microseizures can be accounted for by these four overexcitabilities.
- (2) If emotional, imaginal, intellectual and sensual oe are all treated as independent variables then 89% of the variance in mystical experience is accounted for by these same four overexcitabilities.

Discussion

Although greater theoretical elaboration is required (including an argument for considering mystical experience as a problem-solving strategy), and the inclusion of a measure of intuitive experience would have been desirable, the results are consistent with the view that psychic overexcitability can often give rise to psychic spasms or TLT activity which can be experienced subjectively as a problem-solving (in this case a transcendental problem-solving) experience.

References

Dabrowski, Kazimierz. *Psychoneurosis is Not an Illness*. London: Gryf, 1972.

Persinger, Michael A. Religious and Mystical Experiences as Artifacts of Temporal Lobe Function: a General Hypothesis. *Perceptual and Motor Skills*, 1983, 57, 1255-1262.

Appendix I: Correlations between the overexcitabilities, as measured by the OEQII, and mystical experience, as measured by Hood's Mysticism Scale (N=39)

Emotional overexcitability and mysticism: $r = 0.556$ ($p = 0.000$)

Imaginational overexcitability and mysticism: $r = 0.443$ ($p = 0.005$)

Intellectual overexcitability and mysticism: $r = 0.398$ ($p = 0.012$)

Sensual overexcitability and mysticism: $r = 0.697$ ($p = 0.000$)

Psychomotor overexcitability and mysticism: $r = 0.111$ ($p = 0.499$)

Appendix II: Correlations between the overexcitabilities, as measured by the OEQII, and temporal lobe transient activity, as measured by Persinger's TLT Questionnaire (N=39)

Emotional overexcitability and TLT activity: $r = 0.569$ ($p = 0.000$)

Imaginational overexcitability and TLT activity: $r = 0.579$ ($p = 0.000$)

Intellectual overexcitability and TLT activity: $r = 0.440$ ($p = 0.005$)

Sensual overexcitability and TLT activity: $r = 0.652$ ($p = 0.000$)

Psychomotor overexcitability and TLT activity: $r = 0.080$ ($p = 0.629$)

Appendix III: Correlations between the various overexcitabilities as measured by the OEQII (N=39)

Emotional and imaginational overexcitability: $r = 0.636$ ($p = 0.000$)

Emotional and intellectual overexcitability: $r = 0.168$ ($p = 0.308$)

Emotional and sensual overexcitability: $r = 0.637$ ($p = 0.000$)

Emotional and psychomotor overexcitability: $r = 0.182$ ($p = 0.266$)

Imaginational and intellectual overexcitability: $r = 0.519$ ($p = 0.001$)

Imaginational and sensual overexcitability: $r = 0.568$ ($p = 0.000$)

Imaginational and psychomotor overexcitability: $r = 0.268$ ($p = 0.099$)

Intellectual and sensual overexcitability: $r = 0.395$ ($p = 0.013$)

Intellectual and psychomotor overexcitability: $r = 0.291$ ($p = 0.072$)

Sensual and psychomotor overexcitability: $r = 0.107$ ($p = 0.515$)

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