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**INCREASED SENSUAL AND MOTOR
EXCITABILITY IN CHILDREN**

Contents of Article: Sensual Overexcitability: Variable Sensory Stimuli, General (Whole Personality) and Narrow (Spheres: Smell, Sight and Hearing) Type; Psychomotor Overexcitability: Periodic Psychomotor Disquietude, Inhibition of Mobility and Excessive Growth of Tension, General (Whole Personality) and Narrow (Motor Habits) Type.

Sensual Overexcitability

The behaviour and conduct of a sensually excitable individual is characterised by a dominance of sensory reactions at the expense of other reactions. Hence, his emotional life is closely dependent on a variety of variable sensory stimuli. It lacks dominating emotional tendencies and established life reactions; therefore, the experiences of the imagination are, in opposition to the previous type, connected with the variable and currently interacting sensory stimuli. Thus, the action does not have a clear line. It is already dependent on the area of sensual interest in early childhood. This attitude, which is only significant for this type, allows us to understand the phenomenon of *polimorph pervers* regarded by Freud as something common.

When considering the manifestations of sensual overexcitability, one should set apart the type of narrow overexcitability and the type of general, dispersed overexcitability. The first is characterised by an overexcitability of the sensual sphere: smell, sight and hearing. a general sensual overexcitability embraces the whole structure of a particular individual and is distributed more or less evenly over the separate senses.

We will discuss this phenomenon starting from the second form. a child with this type of overexcitability is characterised by a need of frequent cuddling, kissing and hugging of the mother. It often shows signs of an early development of a sexual drive. Educators and teachers identify those children as *clinging* or *sticky*. Greed and capriciousness in the consumption of food is also one of the features of this type. Not only do we see excessive eating here, but also assigning too much importance to meals and food preparation. What is also striking is the tendency to smell food more frequently than others.

In adolescents during puberty, especially among girls, one can see a tendency to flirt and coy. Flirt in these individuals is not as in others an expression of an attempt to get the likes of an individual of the opposite sex. It is also not aimed at selecting the most suitable partner. He or she expresses a need to experience changing sensory irritations without selectivity. The nature of those experiences can be called skin-deep. In boys, though usually to a lesser extent, in this period there is a need for 'leadership'. This group includes many individuals known as the golden youth. Only to a

small extent is there is a need for psychomotor discharges, through dances, group experiences of rhythm and music-affection. Most of all it is about sexual experiences.

In frank confessions, in questionnaires – sensual individuals emphasise their needs to change the object of their friendship and love ‘like clothes’. The individuals of this type want to be heroes or heroines of ever newer erotic experiences. Some of these types are characterised by a certain predacity, mostly mindless satisfaction in the background of arising confusions, in games to win them. They are characterised by an easiness to meet people, a sociability, but not always friendliness.

One of the characteristics is a tendency to adore and admire oneself. Hence, the tendency to lie, confabulate and act. What can be also seen is an inclination to autoeroticism, resulting in admiring own appearance and continuous looking in the mirror. An excessive sensual sensitivity, without a deeper further foundation of affection, connected with the desire to attract the attention of others, is the grounds for interest in jewellery. What is significant, however, is the ease with which jewellery is disposed of, despite the continuous hunger for it. There is a lack of need for enduring relationships and connecting impressions in a harmonious structural complex with sensations of an affective, psychomotor, intellectual nature. This explains, to some degree, the lack of attachment to objects, places, traditions and customs. These types of persons to a low extent feel the need of family relationships, bringing in many difficulties to marriage and family life. These individuals usually do not take on the responsibility for the difficulties that arise, always looking for their source in external circumstances.

The sensual kind of experiences is dependent on variable, uncoordinated, accidental impressions, not bound into deeper and complete reflections. Hence the reluctance of overexcitable individuals to conversations, meditation, philosophical reflection, self-analysis. Hence the reluctance to solitude, which narrows the range of the effect of the stimuli and leads one to reflection, to look at oneself as if from the outside. Individuals of this type in conditions of forced solitude often take sleeping pills to avoid anxieties arising due to the lack of strong sensual stimuli or a narrowing of the scope of their impact. The outlook issues for individuals of this type are of minimal importance; their vitality is so strong that often they miss the understanding of many issues, such as their own imminent death. Momentary anxiety when in contact with the case of death is usually quickly covered by the strength of other impressions, even more so, because the anxiety does not reach deeper layers of their personality.

Their interests are primarily connected with social life, in which they wish to take a leading role. It should be noted that they very often show a high ability to dress and match jewellery. They like work requiring contact with wealthy, sophisticated clientele and with people of the opposite sex. I have known many individuals who have shown giftedness in ballet. Some of them are able to tastefully decorate their apartments, select the trinkets and choose the colours. They draw exaggerated attention to the comforts of life. a schedule and systematic effort of will is a rare phenomenon here.

In the result of the impact of various factors, overexcitability produces a certain functional complex, reflected particularly strong in certain areas only, often at the expense of other areas; we are then speaking about the narrowed type. Thus we encounter numerous separate complexes of excitability. First of all, an excitability with

the symptoms of excessive sensual eroticism, with an overexcitability of the genital organs, obsessions in this area, skin hypersensitivity, an overexcitability in the sensual sense of taste, satisfying desires of all kinds, etc. These complexes of symptoms already appear in the field of neurosis and psychoneurosis.

Among the factors that can have a hereditary influence are sexual psychopathy, hysteria, alcoholism, and some not quite so definitely separated groups of symptoms (gourmandism). The age of the parents at the time of the child's conception should also be emphasised here.

Experienced illnesses and concomitant ones such as gastrointestinal diseases, skin diseases, vascular spasms, and others should be mentioned. I have relatively often come across excessive skin excitability to touching, pain, temperature, and excessive sensitivity to tickling. I have found an interesting symptom of a significant extension of the region of excitability for the cremasteric reflex (the entire abdomen, starting from the umbilical line, the inner and upper surface of the lower limbs, until the mid-shin, and sometimes around the spine).

Of the education factors, what must be emphasised is the influence produced by the surrounding atmosphere of praise, excessive fondling and sexual traumas. The formation and growth of undesirable characteristics of being an only child is very often connected with this complex of overexcitability. Excessive stimulation of the erogenous zones of the child (kissing, fondling), sleeping with the child, too much attention given to its physical qualities, worsen this complex of excitability.

In discussing the causal factors of affective overexcitability, I have spoken about traumas connected with the processes of the psychophysical separating of the infant from the mother's body. For sensual overexcitability, a huge role is played by the unnatural extension of the bond with the mother's body.

The complexes of the symptoms of sensual overexcitability have a lot in common with the structure of constitutional psychopathy, that is: the excitability of the drives, weak disintegration, weak prospection and retrospection, weak self-analysis and self-criticism.

Motor Overexcitability

What are the most common forms of the motor overexcitability disorder? Let us begin with the most common forms and those that at the same time manifest the least characteristics of illness. First of all, we encounter the so-called periodic psychomotor disquietude, showing a significant intensity in certain circumstances, such as long and unpleasant expectations (exams), rarely in cases of expecting pleasure. The individual in such a state of anxiety makes movements which are uncoordinated, as if unnecessary, pointless, too fast, and yet uncertain. Sometimes the motor complex leads to an explosion. For example, a child with psychomotor overexcitability, waiting for the arrival of its mother. An entire complex of visual, motor and emotional images is ready. Although the deadline of the set meeting has passed, the brakes work for some time, and maintain the developed complex (let's say subconsciously) in an unchanged form. After a long period of time the tension grows and the brakes weaken. a discharge of the most sensitive forms is released, the most powerful and

appropriate for a given individual. a need arises to walk, make gestures, and sometimes for unconscious voice reactions. Finally, the child begins to cry, it explodes with anger. Symptoms of self-mutilation (biting fingers, etc.) may appear. This phenomenon occurs in conditions of excessive tension.

As a result of the fact that sometimes in these cases tendencies to vascular spasms do co-exist, we can observe arrhythmia, headaches and dizziness. It should be stressed that the sudden rise and uneven restraining increases the child's state of psychomotor excitability. Therefore, in individuals with overexcitability, the restraining intensifies psychomotor excitability, which sometimes causes psychomotor crises.

As it has been already mentioned, in individuals with overexcitability, sometimes even the slightest stimulus is sufficient to cause a disproportionately strong reaction. An unintentional jostle in the crowd, an opposition in a discussion, a minimum delay of the train, can cause irritability and even an explosion of anger.

It is characteristic that tension on a too low-level and which is sustaining for too long is painful and is connected with disquietude. Under these conditions, an individual with overexcitability searches for new irritation to enhance the tension and then to discharge it. Although the stimulus may be disproportionate to the reaction, but it has to have the appropriate force for a given individual to discharge the oppressive disquietude. The search to strengthen the tension is rarely done consciously, but mostly subconsciously, and has a self-preservational character.

For each individual, it will be characteristically difficult to calculate the strength of the stimuli, which will lead to the discharge.

In this type of individuals we encounter a phenomenon of increased psychomotor excitability before falling asleep, less often after waking up. It particularly concerns facial mimicry and movements of the arms and legs. I believe that this is due to the reduced possibility of multidirectional discharges (recumbency), and the weakening of the conscious control over the psychomotor sphere.

In the sphere of psychomotor excitability, we encounter a phenomenon of periodic intensification and weakening of the excitability; however, in this type of excitability, the period of weakness is usually short-lived and secondary.

During early childhood, we already notice the first symptoms of psychomotor overexcitability in the form of too frequent and long-lasting bursts of crying, irritation, etc. In children of a few years, we perceive its symptoms as long-lasting screaming, throwing oneself on the ground with anger. Sometimes these outbursts, often referred to as outbursts of stubbornness, even lead to convulsions or bruises. Apart from the factors of upbringing, we assume that unconscious traumatic factors underlie them, with the coexistence of constitutional properties. In kindergarten, such children are excessively impatient, disobedient, though usually they cause fewer complaints than at home; this is because in kindergarten they have better possibilities for psychomotor discharges. When they begin systematic learning, they begin to manifest characteristic difficulties. Most children that deserve a negative evaluation for conduct belong to this group. These are children wriggling in their benches, disturbing their colleagues, shooting paper and nibs, having a thousand needs to leave the class and showing a hyperactivity of attention. After class, and sometimes during classes, they initiate and organise fights as well as other stunt involving movements. Boys

who are excellent in self-reliance, in their tendency to rebellion at school, are usually individuals with psychomotor overexcitability. These symptoms manifest themselves strongly in adolescence, although they do not lack in other periods. During this time, the youth's psychomotor discharge takes the form of vagrancy. Among the street children clinging on to trams, newspaper sellers, tramps and stowaways, we will primarily find this kind of type.

In school and professional work such individuals are characterised by breaks or unevenness. There are periods of time in which they work with excessive intensity, and others in which there is a shorter or longer weakening of the ability to put effort into their assignments. These individuals are not capable of regular work, they are characterised by an explosive nature. Their work is usually multidirectional, they often flip from one given type to another, from one topic to another. Teenagers tend to change schools and young people – their jobs.

Let us turn to the symptoms of overexcitability, having rather a character of a substitute function, formed as a result of a long-term or permanent inability to carry out psychomotor discharges. In this form of excitability disorder, we can primarily differentiate hyperkinesia and tics.

In general, each normal-mode of action includes the following components: irritation or a set of irritations, its segregation, reflection, decision and execution. An individual with psychomotor overexcitability has, above all, a lack of an organisation of irritations and their planning in time. And thus, some of the irritations are subjected to segregation, and at the same time, the others are created in an unstructured form and are admitted to a new segregation. There is no gap between the preparation of one complex for actions, the formation of a decision and operation, and the same stages in another complex. Hence a sphere of excessive load and *empty* spheres, spheres of concentration of irritation and rarefied spheres. Therefore short circuits and sudden shocks also arise.

New strong irritation may fail to find its path and thus cause an act which is inappropriate and maladapted. Due to the strength of the irritation and due to the increased, as in the above conditions, psychological strain this act is manifested in a particular improper form. Unreleased tension seeks ways to discharge and produces ill paths (channels) of that discharge. The inhibition of the psychomotor discharge in the conditions precluding a more or less convenient form of discharge produces predispositions to hyperkinesia or causes it. The state of psychomotor overexcitability is tiresome, and thus creates a need for discharge as soon as possible. In the absence of an adequate capacity to channel psychic hypertonia, in the inability to discharge it, hyperkinesia and even tics may occur. While the psychomotor explosions embrace the entire individual, the tic symptoms are local discharges, narrowed only to certain areas of excitability.

Let us now characterise the causes and development of motor overexcitability.

The primitive man's main form of actions were movements with the help of which he satisfied his essential needs, tied to the maintenance of individual and gregarious life. On the other hand, in primitive man, among the acts of thought, affection, decision and action there were no moments of hesitation or inhibition; the action followed immediately after the decision, because the situation required immediate reaction.

Civilised man has no possibility for a comprehensive motor discharge. Many motor functions have been eliminated. In addition, every function once required an entire complex of movements, while at the moment their number has been significantly reduced. The scope of the body's motor function has decreased. Some paths produced in the nervous system have become unusable. The difficulty to adapt to ever newer, too rapidly changing conditions is rising. We observe the hypertrophy of some functions, and the weakening of others.

The need to adapt to the environment requires an inhibition of the reactions that in primitive man followed the impulse or idea immediately. Hence, the lack of a psychomotor 'saturation' and a seeking of measures which would give some appearance of saturation. These can include the above-mentioned substitute measures, such as smoking pipes during deliberations, the habit of walking when dealing with ideas that should be immediately implemented (the readiness of the neuromuscular system), but which must be subject to delay. In chewing gum, so often encountered in the USA, one can discern the need of finding substitute forms in other areas for these organs and muscles whose motor function has been impaired. Chewing gum usually takes place when forced to stand or when driving a car (immobilization of the lower limbs).

The prevalence of dances, mainly in the inhabitants of America, demanding a hyperactivity of the lower limbs should also be discerned in a large part in lively and highly energetic individuals, as a need to compensate the very limited possibility to discharge the necessary movements of the lower limbs due to the constant use of such means of transport, such as the car, subway and elevator.

As already mentioned above, the division of labour causes the suppression of certain organs, certain functions, as a result of their poor use, and the increase of other functions, due to their excessive use. An individual's organism is unable to adapt to the discharge of their energy in such a unilateral manner. Work carried out with one finger, one hand, as well as performing with the fingers only certain movements, may cause hyperkinesia and tics of the whole limb.

The above-mentioned factors cause a disintegration of certain complexes of psychomotor functions, a state of their segmental or broader splitting.

The genetic factors of psychomotor overexcitability are: heredity, previous illnesses and injuries and the conditions of upbringing. We will in brief discuss some of them.

One of the key factors shaping the theory of excitability is the burden of alcoholism. But it may cause both a general and narrow (motor habits) type of overexcitability.

Moreover, let us mention the relatively frequent finding of seizures and epilepsy states as well as meningitis in this type of individuals' history of heredity.

As for experienced or intercurrent illnesses, I will mention intrauterine childbirth injuries, intra- and above all exogenous poisoning, seizure symptoms, chorea, spasmophilia, an increase of intracranial pressure, etc.

Among the psychological factors, one should mention the influence of punishments, beating, quarrels in the family, the wrong methods of upbringing in adolescence and other stages of development. Any extra strong inhibition of mobility, any coercion will trigger a compensational increase of excitability. Traumas, suddenly breaking the essential elements of adaptation to life, cause on the one hand a strong inhibition of

the possibility of any action, while on the other hand – a strong emotional tension; hence the apparent disharmony between the state of tension and the possibility of discharge, and the arising of a tic as an appearance of action.

In children with psychomotor excitability, raised in conditions of an excessively strong bond with the mother (an only child of single mothers), their interests are limited to the immediate environment and their ability for motor discharge is considerably scarce. These conditions favour the development of hyperkinesia.

If it is right to say that excessive emotionality is a factor causing disharmony to the function and a weakness of the mental synthesis – then a dissociative role in the motor sphere is played by the clogging up of the possibility for a psychomotor discharge or directing it on a path of physiological abnormality.

This limitation is induced by neuropathic predisposition and by conditions of social, economic and professional life as well as various conflicts.

[The text is an excerpt from Kazimierz Dabrowski's book 'Socio-educational Child Psychiatry, PZWS, Warszawa 1959, p. 110-114, p. 95-101.]

Translated by Filip Maj