Gifted children and overexcitabilities and - a preliminary clinical study (part of a larger presentation on TPD and gifted children)

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This presentation - part of a larger work on the Theory of Positive Disintegration and its application to the gifted population - is based on an analysis of records of 300 children referred for assessments of their intellectual and academic functioning to Gifted Resources, an educational consulting practice. The data was collected throughout 1990’s, and 2000-2002, using the Background Information Questionnaire designed by Betty Meckstroth, unstructured interviews with parents, results of IQ tests, a type indicator such as Myers-Briggs, or Silverman Introversion/Extraversion Questionnaire; and, in 2/3 of cases, a direct observation of children’s behavior. The purpose of the study was to compare the clinical discoveries regarding giftedness and OE with those of K. Dabrowski, author of the Theory of Positive Disintegration, and to note any significant similarities and discrepancies.

Before presenting my own findings, I would like to briefly discuss pertinent concepts and highlight K. Dabrowski’s conclusions regarding children with overexcitabilities. References to other authors who have done research on the subject are included in the original presentation.

Dabrowski’s interests in nervousness (overexcitability, or increased psychic excitability) in children dated to the very beginning of his career in the early 1930’s. While he was not specifically interested in gifted children, he observed that symptoms of nervousness very frequently occurred in children who possessed special talents and higher than average intellectual abilities. One of his own studies, conducted in 1962 in Warsaw with 80 intellectually and artistically gifted children and youth, revealed that:
1. “All gifted children and young people display symptoms of increased psychoneurotic excitability, or lighter or more serious psychoneurotic symptoms.
2. In general the presence of all-around interests in children and young people coincides with complicated forms of psychoneurosis, with psychoneuroses of higher hierarchical system of functions (psychasthenia, anxiety neurosis, obsessive neurosis) or with a higher level of the same kind of neurosis.
3. Psychoneurosis becomes more complicated with the development of the internal environment, but at the same time there appear autopsychotherapeutic dynamisms.
4. The development of personality with gifted children and young people usually passes through the process of positive disintegration, which is combined with the already mentioned complexity of neurosis, and on the other hand it leads to self-control, self-education and autopsychotherapy.
5. The lower the level of the development of personality and intelligence, the more primitive the forms of psychoneurosis observed (up to its absence in more serious cases of mental deficiency).” (Dabrowski, 1967, p. 261)

In other works, Dabrowski quotes his research comprising 175 highly gifted and talented children and youth from Poland and Canada. According to its results, 85% children exhibited different forms of OE as well as neuroses and psychoneuroses. Among over 200 eminent individuals from different fields whose biographies he studied, Dabrowski and his collaborators found that 97% of them showed different forms of OE, particularly emotional, imaginative and intellectual; neuroses and psychoneuroses; and also disturbances bordering on psychoses (Dabrowski, 1979). He discussed findings of other clinicians who observed that most children with increased psychic
excitability and with neurotic symptoms belong to the category of gifted and talented. Agreeing with a French psychiatrist Serrín, Dabrowski stated that “the percentage of nervous and neurotic among exceptionally gifted children is 75-80.” (Dabrowski, 1964, p.313). He also quoted a Swiss clinician, Andre Berge, who said, “The fact that we must pay attention to highly intelligent children appears to confirm that these children are more sensitive and more susceptible to wounding; we know that neurotics are often people who are highly intellectually developed.” (ibid., 313).

OE - clinical considerations

Dabrowski defined OE (nervousness) as a higher than average capacity for experiencing inner and external stimuli, based on a higher than average responsiveness of the nervous system.

He distinguished five types of OE: psychomotor, sensual, imaginative, intellectual and emotional, listed here from least to most influential in personality development. The last three are crucial for the type of advanced personality development that Dabrowski postulated as characteristic for many gifted individuals, particularly for those whose achievement, while not always rewarding them with fame and eminence, was to attain the highest level of emotional and moral growth.

“The prefix ‘over’ attached to ‘excitability’ serves to indicate that the reactions of excitation are over and above average in intensity, duration and frequency. There is another essential feature characteristic for reactions of overexcitability, namely, that the response is specific for that type of overexcitability which is dominant in a given individual.” (Dabrowski, 1996, p.71)

“Responses to a variety of stimuli may markedly exceed the value of an average response, they may last significantly longer (although this is not a necessary attribute of overexcitability), and they may occur with greater frequency.” (Dabrowski, 1996, p.71) Another characteristic of OE is the ease with which psychological experiences based on it are “translated” into symptoms of autonomous nervous system, such as blushing, palpitations, sweating, headaches, stomach butterflies and cramps in response to anxiety, diarrhea, easy fatigue, increased skin sensitivity, etc.

OE may have a global (all-inclusive) or narrow (confined) behavioral expression. Narrow OE is limited to only certain types of activities (such as finger tapping, or lip-biting - examples of psychomotor OE - in situations that require waiting). Global OE is characterized by heightened responsiveness in one or many areas to most stimuli. Symptoms of nervousness may be a temporary reaction (for example, psychomotor OE that arises as a result of temporary immobility or confinement and disappears when an opportunity for psychomotor release is provided), or a permanent character trait. There are children who are born as highly sensitive and excitable - and, according to Dabrowski, many if not most, gifted individuals belong to this group.

An important thing to remember is that symptoms of OE, although usually observed very early in a child's development, are not always genetically based, as Dabrowski writes in his Socio-Educational Child Psychiatry (1964). OE manifests as nervousness and can be acquired as a result of trauma or harmful environmental influences (such as disorganized or disrupted attachment, abusive parenting, prenatal or post-natal injury, etc.). Moreover, assessing only the presence of OE as an indication of either giftedness or high developmental potential, without
looking at the context of developmental history of an individual, is insufficient in clinical practice and may be misleading. For example, emotional, and particularly sensual and psychomotor OE, are associated with a host of psychological disturbances, which may have nothing to do with giftedness and in fact may be signs of negative DP. (Mentally retarded individuals often exhibit all three in a significant degree, as do psychopaths of average intelligence.) OE, called by Dabrowski “the tragic gift,” in itself is not necessarily a positive developmental feature. As he said, “Sensitivity (OE) without a developmental outlet turns into irritability. (...) Irritability is the enemy of sensitivity - it reduces it and leads to disease. (...) Oversensitivity (OE - E.M.) without inner psychic transformation brings many unnecessary conflicts with others - magnifies the differences, and lessens and obscures the most important things.” (Dabrowski, 1972, pp.32-33)

One could say that what matters is not only what OE a person has, but what person has OE. In general, OE is a developmentally positive trait if it occurs in the context of high developmental potential - that is, in the presence of higher than average intelligence, special talents and abilities, and a will and desire to develop one’s personality. If sufficiently strong, the remaining components of developmental potential (intelligence, talents and abilities, third factor) provide a ground for positive disintegration and the emergence of integrative developmental forces in a form of high level developmental dynamisms. These dynamisms will organize and transform intense, and often conflictual and painful experiences associated with OE and direct one’s growth - through positive disintegration - toward the personality ideal.

Some thoughts on OE in developmental diagnosis

The expression of OE - its type, form and level - depends on a person’s physical constitution, hormonal factors, level and universality of development, and social environment. Distinguishing different manifestations of OE, depending on developmental levels of different individuals, is also important in establishing OE’s presence. Emotional OE, for example, will present as a different set of symptoms in an introvert and an extravert, in a psychoneurotic and a psychopath, or in persons on 2nd and 4th levels of development. For example, in its narrow form, most often encountered on lower levels of development, emotional OE may manifest as phobias and compulsions; while a subtle and oversensitive conscience would signal global emotional OE in a person on a high level of development. In order to understand the influences of OE on an individual’s development, it is crucial to assess the type, form and levels of OE.


The goal of descriptive diagnosis is to answer the following questions:

- What is the constellation of OE - their main and supporting forms?
- What are their origins (genetic, environmental, or both)?
- What are, if any, special talents and abilities, and the general intelligence level of the individual?
- What are the speed and direction (negative or positive) of the developmental changes caused by OE? This last facet of assessment is especially important, in Dabrowski’s understanding, since an early and accurate diagnosis of a fast and negative direction of disintegrative changes related to OE makes it possible to prevent serious neuroses.
Differential diagnosis of OE should focus on distinguishing OE from socio-educational difficulties, neuroses and psychoneuroses, and from psychopathy or involitional psychosis. In case of socio-educational difficulties, symptoms of nervousness are not very well organized, cohesive and permanent; and they do not possess a component of hormonal and vegetative nervous system imbalance.

As Dabrowski noted, in cases of neuroses and psychoneuroses, we typically encounter partial (narrow) OE, or very strong inner conflicts, very strong tension, anxiety, tics, stronger than in nervousness hormonal/autonomic nervous system components, as well as a strong inhibition of certain psychological functions. “OE here (in neuroses and psychoneuroses) is a minor manifestation, for disorders of thought, of sensation, and of emotional life are more important symptoms.” (Dabrowski, 1964, p.99) Differentiating OE from psychopathy does not present a great clinical challenge, since in psychopathy we will observe lack of symptoms of disintegration - lack of inner conflicts, ambivalences and ambitendancies. In psychopathic individuals intelligence is subsumed under instinctual drives, and we can note absence of higher feelings such as empathy, compassion, guilt and shame.

Dabrowski urges particular caution in a diagnostic assessment of symptoms of OE, neuroses and psychoses. “Diagnosis of the pathological or healthy nature of the (so-called pathological) syndromes depends on the role these syndromes play in the individual, the relation between the individual and the society around him, and on whether or not there is an increase in insight and self-awareness.” (Dabrowski, 1964, p.109) In cases of severe neuroses and psychoses, such diagnostic opinion can be rendered only after “months or even years” of observation and contacts with the afflicted person. “No final prognosis may be based merely on the appearance of any symptom.” (Ibid., p.110) Any factor influencing an individual’s mental health “must be considered in both time and space. By space is meant its position with regard to other factors that may be present; by time is meant temporal variability. Therefore, such specific symptoms as anxiety, phobia, or depression may be positive or negative and ought not to be hastily or superficially judged by the psychiatrist.” (Ibid., 109)

**Asynchronous development, OE and positive disintegration**

Although human psychophysical development proceeds along certain relatively well described lines, individual development varies greatly and does not always follow the general pattern and schedule. Psychological development is, in words of Ken Wilber, “a very uneven affair.” Such developmental unevenness applies to all areas of development, including cognitive, emotional and moral spheres. Many theorists have pointed out the frequency of developmental delays and accelerations in individual cases, and considered such variations to be more of a norm rather than an exception. Piaget coined a term “decalage” to describe maturational stretching and spreading out of stages of cognitive and moral development (Reimer et al., 1990) In gifted children, however, developmental asynchrony appears to be the rule, as numerous clinicians have pointed out. Giftedness, which implies accelerated growth in at least one area, does not usually lead to a harmonious development, at least not for a long time, and usually not in one’s childhood. Acceleration, whether global or limited to only one area, implies imbalance, if only in the relation to one’s environment. What’s exceptional cannot be normal - and well adjusted to so-called statistically “normal” conditions at the same time. Linda Silverman summarizes views on asynchronous development of the gifted in Neihart et al., 2002, and I refer you to her chapter for more information and references.
OE co-exists with, contributes to and can be a result of the developmental asynchrony, characteristic of gifted children. By definition, asynchronous development is based on an uneven rate of growth of different abilities, or different functions within the same ability. Let’s consider a 5-year-old child who can reason on a level comparable to that of a 10-year-old, and yet cannot hold a spoon, or a pen, in his hand well enough to use it. The same child has a vocabulary and verbal reasoning abilities developed on a level approximately 5 years above his chronological age, and yet because of his overall slower motor development, has problems with speech articulation and suffers from stuttering and other speech-related difficulties. A significant developmental asynchrony will be found in another child, who is clearly advanced in motor development, but delayed in his intellectual growth; or in a very introverted child whose contacts with the external world are underdeveloped, and because of that, he may have his physical and social orientation skills stunted from the first years of his life.

Such co-existence of significant strengths and often equally significant weaknesses frequently leads to inner tensions, inner conflicts as well as conflicts with an individual’s environment - not in the least because of confusion evoked in others who come in contact with these children only to have their expectations about their behavior severely challenged; and because of the alienation that oftentimes results from the mismatch between such a child and his environment. In their 1986 study on emotional and personality development in normal adolescents and young adults, Peterson and Craighead found that developmental asynchrony creates vulnerability to psychopathology in adolescence and to depression in gifted children (Neihart, in Neihart et al., 2002)

It is important to note that asynchronous development, although applicable to gifted individuals, does not exclusively describe developmental patterns of the gifted. Different forms of asynchronous development characterize all kinds of developmental difficulties and disorders already diagnosable in childhood. We can see that asynchronous development in its two main variations - accelerated and delayed - lies at the root both of human exceptionality and human disorder. As Dabrowski summed up,

“In a so-called normal child - the most common representative of the species - the developmental pattern of particular functions shows a certain stability. However, in children who are nervous, neurotic, psychopathic, mentally retarded (in asynchronous retardation), with visible changes in the nervous system, or without such changes - this stability loosens up. Certain functions grow prematurely or with a delay, preceded by competition and battles; some show too much, others too little tension; some take longer to develop, others take less time.” (Dabrowski, 1964, p.102)

Dabrowski described asynchronous development of sensitive (OE) children half a century ago, and pointed out that the majority of these children show remarkable intellectual abilities and special talents. He tied this type of uneven development to the process of positive disintegration, which forms the cornerstone of his theory and his model of personality growth. Dabrowski wrote, “Childhood and adolescence are the time when basic psychological structures are just developing. (Because) psychological functions are not yet fully formed, it is difficult to talk about their disintegration, or dissolution. Disintegration can only be identified in cases of premature or accelerated development.” (Dabrowski, 1964, p. 197; emphasis added)

Thus, disintegration occurs when we observe marked quantitative or qualitative changes in a child’s development. Such changes include multiple types and forms of OE, excessive sensitivity, and any forms of accelerated growth of different psychological functions. (ibid, 197).
The earliest forms of disintegration, at that time only of unilevel character, can be already observed, according to Dabrowski, in the second year of a child’s life, in the period of opposition. Such symptoms as rapid mood changes, fluctuations of attention, strong tendencies to animistic and magical thinking, contradictory desires and behaviors, are all signs of disintegration typical for this age. The second typical period of disintegration is associated with adolescence, when we observe such disintegrative symptoms as emotional volatility, ambivalences and ambitempdences, excessive criticism or idealization of others and oneself, dissatisfaction with oneself and maladjustment to the environment, feelings of alienation and preoccupations with the past and/or the future. Children with different forms of OE, however, experience symptoms of disintegration earlier, longer and independently from the psychobiological stages of development. These symptoms are not necessarily pathological, in Dabrowski’s understanding. As he writes,

"Is that kind of uneven development, with delays and temporal and spatial accelerations, biologically, socially and culturally negative? A positive response to this question would be wrong. We have to say again, mostly on the basis of clinical facts, that apart from delays, accelerations and unevenness found in the organic diseases of the nervous system (which are relatively rare), many of those functional delays, accelerations and irregularities which we find in nervous and neurotic children, positively correlate with high levels of intelligence and talents. We can observe the same correlation in biographies of eminent individuals who showed such developmental discrepancies in their childhood or youth. These phenomena express the law of positive disintegration, often exhibited in such developmental anomalies in order to give particular functions, or rather groups of functions, time and other conditions of independent development before crystallizing of one’s personality. That kind of disintegration takes place in a certain time and place, but apparently on one level. It is a sort of "developmental loosening" or unilevel disintegration." (Dabrowski, 1964, p. 101)

Thus, in Dabrowski’s understanding, an accelerated development of certain functions leads to asynchrony and disintegration, usually of the unilevel type; and in cases of individuals with high developmental potential, to ML disintegration as well. Dabrowski stressed that symptoms of ML disintegration as a developmental process usually occur for the first time during adolescence. However, many gifted children early on exhibit ML developmental dynamisms such as inferiority toward oneself, dissatisfaction with oneself, empathy towards others, guilt and shame resulting from recognizing conflictual tendencies within oneself, and first conscious attempts at autopsychotherapy and self-education:

“(…) we also observe in development a different kind of disintegration - multilevel, which is expressed in the ‘loosening’ of psychic structure in a way of awakening or sensitizing inner psychosomatic milieu, sensitizing and accelerating of the process of subject-object in oneself, which has a decisive significance for development. Recognizing one’s own inner dynamics and multilevelness related to one’s development, through conscious choosing of higher levels over the lower ones, is a process frequently seen in children and youth, particularly in nervous, neurotic individuals, showing special talents and accelerated development.” (Dabrowski, 1964, p. 102-103)

“Both forms of disintegration are found in neuroses and psychoneuroses of individuals capable of accelerated development, and of integration on a higher level. The second form (multilevel disintegration) is almost always present in people with outstanding talents, in whose character structures are also present elements of moral development.” (Dabrowski, 1964, p.360)
A vivid example of ML disintegration in a young child is a case of Anna (not a real name), an artistically and intellectually gifted 10-year-old girl with mixed OE, with the dominance of emotional OE; and the remaining types, especially psychomotor, imaginative and intellectual, strong as well. At 10, Anna decided to learn yoga in order to overcome her nervousness. The main motivation behind her decision was a desire to become a more peaceful and relaxed person, someone with whom others could feel at peace. Coming from a very modest, working class background, she did not feel her plan would be supported by her family, so she worked on it in secret, using books checked out from her school library. In these actions, we could recognize the presence of self-awareness, subject-object, self-education and autopsychotherapy, elements of personality ideal and distinct elements of third factor - all dynamisms of organized multilevel disintegration, not often encountered in such young children.

Another example of early emerging dynamisms of ML disintegration could be that of a 9-year-old boy who told his mother that he would like to have an opportunity to look at himself through the eyes of others. As he put it, "I'm sure there are things I don't realize about myself, but they must be obvious to others. I think it would be interesting to see how they see me - and it would help me understand myself better."

Dabrowski described a case of an extreme disintegration that arose on the basis of profound asynchrony where symptoms of sensory integration dysfunction (not called that during his time) co-existed with profound giftedness. He quotes a biographical example of a German boy, Christopher Heinrich Heineken, who died at the age of 4 years and 4 months, from self-imposed starvation and exhaustion. At the age of 14 months, little Christopher knew the whole Bible; at age 2, the ancient history, geography and anatomy. He knew over 8,000 Latin words, learning about 150 new words a day; read in German, Latin, French; mastered astronomy; memorized all books read to him and was able to explain their contents. Discussing this case, Dabrowski noted that, as in Christopher's case, the disintegrative forces of asynchronous development often create particularly favorable psychological conditions for an accelerated mental growth in certain areas - a type of growth where lower physical functions remain underdeveloped because the energy of the organism is directed toward fueling the higher mental functions. But he also pointed out that an extreme asynchrony in young children, who have not yet developed compensatory strategies and the ability to tolerate inevitable tensions, may lead to negative outcomes such as psychosis or suicide (active or passive, as in the case of little Christopher). Thus help in development, focused on prophylaxis of mental disturbances in cases of high DP/high OE children, becomes of crucial importance.

Most people experience symptoms of disintegration that are related to stages of biological development (adolescence, old age, menopause) or difficult life events. These symptoms are temporary and disappear without leaving major changes in the person's functioning. However, in a small group of high DP individuals we see the tendency to consciously seek out frustrations and sometimes traumas in order to facilitate their development. In my practice, I have recently encountered a child whose parents have been perplexed by her need to frighten herself "on purpose." The girl, who is 4, likes to create scary and dangerous situations in her play, to which she then reacts very strongly with fear, to her parents’ great concern. Sometimes she runs to her parents for comfort, but usually she likes to master her feelings on her own. The attraction to pain and suffering, observed in some gifted children and adults, and sometimes even tendencies to self-mutilation, can be at times (not always) considered an expression of an unconscious need to seek out traumas in the service of development. As Dabrowski observed, undergoing a physical illness, or experiencing an emotional trauma, in certain individuals endowed with high developmental potential result in accelerated development and increased maturity.
Positive infantilism

Because of their uneven development rate, highly gifted and high OE children often appear "immature" to others. Developmental delays associated with giftedness in cases of asynchronous growth may affect motor development (and manifest as clumsiness or restlessness), social adjustment, emotional growth and other areas of psychosocial functioning. Different forms of OE are associated with different manifestations of immaturity, or so-called infantilism. Dabrowski called such immaturity "positive infantilism" to underscore its positive developmental value. Individuals who possess a rich, multilevel, multidimensional, and because of that asynchronous inner milieu, need more time to develop and mature. It is no surprise then that gifted children and adults strike some as immature in comparison with their chronological peers.

Gifted Resources Data

300 children,  
180 males  
120 females

Age range 3 - 14  
IQ range 79 - 223

Type: 106 introverts  
98 extraverts  
96 mixed type

How data was collected

The main source of OE data was Background Information Questionnaire filled out by a child's parent(s). The questionnaire's purpose is to collect data about a child's developmental, educational and medical history in order to make interpretation of standardized tests results meaningful and provide helpful suggestions for educational and socio-emotional interventions. Through open-ended questions, the BIQ elicits parents' descriptions of their children's behaviors and character traits. Particularly important in determining the presence of OE are parents' answers to questions about their children's sensitivity, empathy and compassion, imagination, sense of humor, energy level, interests, special abilities and talents, favorite activities, and social relationships. Additionally, the questionnaire provides knowledge about a child's frustration tolerance, perfectionism, and control needs, as well as situations that typically evoke anger, sadness, happiness, anxiety and fear.

Below are examples of parents' descriptions of their children, condensed for the purpose of elucidating characteristics typical for OE. In accordance with Dabrowski's definition of OE as excessive sensitivity that leads to "reactions of excitation are over and above average in intensity, duration and frequency," only the responses clearly indicating such higher than average sensitivity were chosen as suggestive of OE. And so reports of character traits and behaviors that were associated in parents' responses with such adjectives as "extreme," "intense," "very (unusually) high," "incredible," etc. were considered as describing excessive strength of a particular behavior or trait, and thus suggesting OE. In addition, descriptions of particular behaviors that implied the presence of OE were considered significant. For example, when asked
to describe her son’s imagination, one mother responded: “It is his favorite activity. He
daydreams all day long, and hardly ever stops. It’s hard to bring him back from his imaginary
world.” Such behavior clearly points to the presence of imaginational OE. Another parent, asked
to recall when her child started to talk, volunteered the following information: “At 6 months -
and hasn’t stopped since. He talks in his sleep. He cannot even fall asleep, because he has so
much to say! And his constant questions are exhausting.” Excessive talking of the kind described
by this parent is a sign of psychomotor OE. Intense, “constant” and “exhausting,” questioning
may signal intellectual OE, although more information about the nature of a child’s questions
would be needed to determine if intellectual OE was present as well.

Below are examples of parents’ descriptions of their children’s behaviors and character traits that
signify OEs:

driven, passionate about everything, extreme sensitivity and compassion, would sacrifice himself
to spare others; very creative;

extreme sensitivity to suffering and injustice, extreme empathy and compassion “of an adult”,
perfectionism, leadership, imagination “out of there somewhere, beyond where we know;”

extreme sensitivity to bugs, pain, icky things, death, cleanliness, injustice and suffering; emptied
her savings twice for the needy in Chicago; very vivid imagination - frightened by her dreams;
creative - likes writing; perfectionism and control

extremely cautious, easily frustrated, needs intellectual stimulation; emotionally intense, very
sensitive to others - cries after saying goodbye to people, saves trees, electricity, takes everything
seriously; shows strong interest in God; strong perfectionism and control needs

extreme, intense emotions; sensitive to noise, touch, smell, visuals; remarkably empathetic;
powerful sense of justice; strong perfectionism

extreme sensitivity to food, smell, touch, noise; extreme emotions, very high intensity; extreme
imagination - a whole imaginary world full of friends; extreme control and perfectionism; strong
compassion but unable to show it

low frustration tolerance, extreme sensual and emotional sensitivity (taste, smell, touch); huge
empathy and compassion - will go to DC to find Chandra Levy so her parents won’t have to be
sad; extreme perfectionism, strong need for intellectual stimulation

aggressive, impulsive, intense, fearful (darkness, insects, scary movies); perfectionist, no
empathy

extreme emotional sensitivity - cries a lot over people’s misfortunes, worries a lot about people
and animals, upset by others’ pain and injustice, concerned about God and death; fearful,
extreme and intense emotions; perfectionism, very vivid imagination, likes to create - draw, put
on plays, pretend

artistic and creative, remarkable imagination; hyper-sensitive, cries easily, extremely empathetic
and compassionate, bonds deeply with animals and things; great dramatic skills;
very sensitive, easily embarrassed (shame), extremely self-conscious, very remorseful over mistakes/disobedience, highly imaginative and creative, extremely empathetic and compassionate, perfectionist, a good and tolerant leader, considerate and responsible; tenacious in interests and plans; interested in faith and God; high moral strivings and sense of justice; athletic and high energy

strong curiosity, passionate interests, high need for stimulation; extremely sensitive - when overwhelmed (easily), starts to "dance" to release tension; strong imagination, compassionate, distractible and fearful, perfectionist

passionate interests (animals, cars, airplanes, art); high sensitivity, both emotional and physical, intense reactions ("loves passionately and cries from the depths of her soul when wounded"); self-contained and self-directed, aware from a very early age of what she wants to do in life (veterinarian with a kennel on the premise and work on classic cars in her spare time); strong existential interests; "astoundingly perceptive;"

high energy, outstanding imagination, high empathy and compassion - cries at the thought that she could have hurt someone, loves to create and play-act, very sensitive to noise and music, perfectionist, strong control needs, independent and self-directed;

everely emotionally and morally sensitive, nervous, shy, tires easily, extreme sense of fairness and sensitivity to suffering, very creative, artistically and musically talented, perfectionist and strong leader, easily frustrated; vacuum delivery, allergies;

intense, explosive, extreme sensitivity, extreme empathy and compassion - raising abandoned baby squids, giving last dollar to a poor child, perfectionist, moody, depressed

creative, artistic, loves to learn, fearful, INTENSE, responds deeply to beauty and sadness, imagination her favorite hobby, extreme empathy and compassion, perfectionism, controlling, accident-prone

intense curiosity and drive to learn, strong sense of right and wrong, extreme sensitivity to others feelings, very imaginative, very concerned about other, always a leader, sometimes a perfectionist, exhausting energy, intensity and need for stimulation

INTENSE! Obsessive and passionate interests, easily frustrated, incredible control needs, perfectionist, competitive, extreme physical and emotional sensitivity, preoccupied with death - cries imagining his parents dying, surprisingly little to no empathy for others, incredible sense of justice, strong imagination - obsessive in details, daydreams, takes pretend friends to school, fearful - dark, noises, TV screen, separation; doesn't show emotions easily, very high energy level, loves! Drawing

incredible intensity, self-direction, extreme sensitivity and moral sense (cries over cut trees), very strong empathy and compassion, constant need for stimulation, creative, bubbling with energy, "no limit to her imagination;"

huge emotional sensitivity - "hypersensitive" to sounds and emotions; wants to protect everyone, adopts stray dogs; "hysterical” reactions to injustice to herself or others; very strong fears
Findings:

1. 89% of the total sample have at least one type of OE (most have mixed OE); in 34 children (11%) there were no indications of OE.

2. Multiple OE have been found in:
   - 100% of exceptionally and profoundly gifted children
   - 93% highly gifted
   - 88% moderately gifted
   - 83% children in the superior range of intelligence
   - 75% average and above average intelligence

PM - found in 150 subjects in all IQ ranges (50% of the total sample)
EM - found in 228 subjects in all IQ ranges (76%)
IN - 129, from superior IQ up (43%)
IM - 176, average IQ and up (59%)
SE - 138, average IQ and up (46%)

3. The most common type of OE is emotional OE (76%); however, in most cases, it appears to be unilevel emotional OE. Expressions of ML emotional OE, characterized by strong empathy, compassion, proneness to feelings of guilt and shame, distinct moral strivings and self-perfecting behaviors were found in about 7% of children from above average to highly gifted ranges of intelligence. This is not unusual, given the age range of subjects. Since emotional and cognitive egocentrism is characteristic for young children, we can expect that in pre-adolescent children signs of OE will often assume unilevel character. More significant is the presence of those few who at an early age show emerging signs of accelerated ML development (manifested in ML OEa), thus signifying strong tendencies to transcend psychobiological developmental patterns.

4. Intellectual OE is the rarest and correlates positively with high intelligence. Intellectual OE was found in children with intelligence in the superior range and above (IQ of 120 and up). This directly supports Dabrowski’s own findings that intellectual OE is the rarest (and one least requiring treatment).

5. There were no children with advanced empathy, compassion and moral strivings among those with exceptional and profound intelligence (IQ < 160), despite their highly developed reasoning abilities and frequently noted sensitivity to issues of justice. This could possibly confirm Dabrowski’s observations that extreme intellectual precocity may often create a foundation for one-sided development, where intellectual abilities and pursuits take a central importance in a person’s life, sometimes with detriment to his or her social and emotional growth.

6. Artistic gifts and creativity do not show a correlation with IQ (range 106 to 181), but correlate with imaginative and sensual OE.

7. In a small group of subjects, the dominance of sensual and psychomotor OE correlates positively with extreme egocentrism, lack of concern for others, lack of empathy,
impulsiveness and aggressive behaviors (negative DP). 11 children (4%) - 9 extraverts, 10 male; IQ range average to highly gifted.

Among other findings:

- 16% of subjects had history of significant early health problems (anoxia at birth, heart defect, congenital conditions) or severe traumas (abuse, deprivation, death of a parent, suicide of parent, divorce, abandonment and adoption) possibly contributing to OEIs.

- close to 90% of the gifted exhibit developmental asynchrony - significant unevenness in the rate of development of different abilities (verbal vs. practical intelligence, significant strengths and weaknesses within particular intellectual abilities, delays in motor development, sensory integration issues).

The above findings present a preliminary clinical analysis of OE patterns in children in relation to IQ levels (and, to a lesser degree, special talents - a correlation that emerged spontaneously during the analysis). The findings support Dabrowski’s contentions on the prevalence of OE in the gifted population, as well as developmental asynchrony typical for this population, and the relationship between developmental asynchrony and OE. The data, however, should be interpreted cautiously. The Gifted Resources sample may not be representative of the gifted population as a whole, since most families seeking independent evaluation of their children’s intellectual and academic functioning do so because of adjustment problems exhibited by the children, many - if not most - of them related to their unusual character traits. This selection bias may have influenced the findings. It would be helpful to collect similar data on non-gifted children as well as on gifted children who have not been referred for outside evaluation.

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