

ACTIVE CONCRETIZATION

Authored by
mohammad looti

November 5, 2025

RECOMMENDED CITATION

mohammad looti (2025). *ACTIVE CONCRETIZATION*. PSYCHOLOGICAL SCALES.
Retrieved from <https://scales.arabpsychology.com/?p=67009>

ACTIVE CONCRETIZATION

Primary Disciplinary Field(s): Clinical Psychology, Psychiatry, Psychopathology

1. Core Definition

Active concretization is a highly specific cognitive process observed primarily in severe psychopathology, most notably in the context of schizophrenia. It describes the undertaken mental effort to transform internal, diffuse, or highly **abstract notions**--such as generalized feelings of fear, existential threat, or overwhelming anxiety--directly into precise, external, and tangible frameworks, known as **definite delineations or models**. This process is deemed "active" because it involves the dynamic construction and externalization of internal distress, providing the afflicted individual with a concrete, though highly distorted, structure through which to interpret their chaotic emotional landscape. Essentially, the patient seeks to resolve the ambiguity of an abstract threat by assigning it a specific, localized, and often persecutory cause.

This conceptual transformation serves as a crucial mechanism in the formation and maintenance of delusional systems. Whereas abstract thought requires flexibility and tolerance for uncertainty, active concretization forces a rigid, literal interpretation onto reality, enabling the patient to pin down a vague internal experience to an undeniable external agent. For instance, an amorphous feeling that "the world is unsafe" or "something terrible is happening" is actively solidified into a concrete belief, such as "my neighbors are poisoning the air" or "a specific government agency is tracking my every move." This shift from the internal and unmanageable to the external and definable structure is the hallmark of the process, reflecting a profound impairment in handling psychological complexity and uncertainty.

The resulting definite delineation, while pathologically unsound, possesses a high degree of subjective certainty for the individual, providing a distorted explanation for their internal experience. The energy invested in this concrete definition stabilizes the patient's temporary cognitive framework, making the resulting delusion deeply resistant to logical refutation. Therefore, active concretization is not merely concrete thinking--the inability to abstract--but rather an intense, pathological drive toward concrete definition as a form of coping with overwhelming psychological disorganization characteristic of psychotic states.

2. Theoretical Origins and Context

The concept of active concretization was systematically developed and popularized by the Italian-born U.S. psychiatrist Silvano Arieti (1914-1984), particularly through his extensive work on the psychopathology of schizophrenia. Arieti's theories emphasized the role of psychological factors and cognitive distortions in the development and manifestation of schizophrenic symptoms. He viewed schizophrenia not merely as a biological deficit but as a disorder involving profound

disruptions in symbolic function and logical thought processes. Active concretization fits into Arieti's broader framework concerning the regression of thought--where higher, abstract cognitive processes devolve into more primitive, concrete forms of thinking--in the face of extreme anxiety and isolation.

Arieti positioned active concretization as a specific defense mechanism or cognitive operation that occurs when the schizophrenic patient attempts to give meaning to their overwhelming internal distress. In his influential text, *Interpretation of Schizophrenia*, Arieti detailed how the patient, unable to process abstract concepts of self, identity, or danger in a healthy manner, utilizes this mechanism to create a simplified, albeit bizarre, reality. The theory distinguishes itself from general psychiatric observations of delusion formation by emphasizing the dynamic, active quality of the transformation--it is a purposeful, though unconscious, undertaking by the mind to restore a semblance of order by objectifying the subjective threat.

This theoretical foundation implies that the content of the patient's delusion is directly related to the abstract idea it is attempting to concretize. Consequently, understanding the original, underlying abstract fear is vital for clinical intervention. Arieti's work encouraged clinicians to look beyond the surface level of the delusion and trace it back to the core psychological struggles the patient was attempting to resolve through this rigid, concrete transformation. The emphasis on the patient's active role in constructing this reality makes the concept integral to understanding the subjective experience of psychosis.

3. The Spectrum of Concretization

Active concretization operates along a spectrum, beginning with the initial abstract notion and culminating in the fully integrated perceptual experience. The beginning of the process involves the internal proliferation of **vague, abstract anxieties**--such as feeling perpetually insecure, fearing cosmic significance, or sensing a generalized dread. These feelings are too amorphous and vast for the patient's impaired coping mechanisms to manage, prompting the immediate need for definition. The shift is initiated when the patient's thoughts start providing specific, albeit inaccurate, identifiers for these feelings.

The middle stages involve the creation of the **definite delineation**. This is the formation of the specific delusional belief, such as the idea that specific individuals (e.g., family members, colleagues) or groups (e.g., the community, secret societies) are the source of the distress. This mental model is defined by its rigidity and its direct, causal link to the original abstract feeling. The paranoid individual, for example, successfully concretizes their abstract sense of being exposed or threatened by identifying tangible persecutors. This stage represents the cognitive structuring of the psychosis before it fully incorporates external perceptual data.

The final and highest stage of active concretization involves the integration of the delusion into

sensory reality, signifying the complete success of the concretization effort. This transition is characterized by the patient experiencing **sensory activity experiences** that appear to confirm the definite delineation. For instance, the patient who believes their community is attempting to hurt them might start experiencing auditory illusions--hearing intimidating comments or specific threats spoken by community members. This perceptual feedback transforms the belief from a strongly held idea into a subjectively validated reality, marking the culmination of the active process.

4. Stages of Active Concretization

The progression through active concretization can be broken down into discernible stages that illustrate the increasing severity and integration of the pathological thought process. The initial stage is characterized by overwhelming affect and abstract psychological pain. The second, crucial stage is the cognitive organization where the abstract pain is successfully mapped onto a concrete external subject or object, yielding the foundational delusion. This mapping process requires energy and psychological work, which is why Arieti emphasized the "active" nature of the transformation.

The third stage is the **confirmation stage**, where the patient actively seeks or interprets neutral external data as confirmatory evidence for the nascent delusion. A simple glance, a perceived whisper, or a television program might be immediately processed as proof of the definite delineation. This selective interpretation solidifies the belief structure, reinforcing the necessity of the concrete explanation. This stage is marked by hypervigilance and a confirmation bias directed entirely toward supporting the constructed reality.

The highest stage is the **Perceptual Integration and Total Belief**. As mentioned in the source content, this occurs when genuine sensory experiences, typically hallucinations (auditory or visual illusions), align perfectly with and promote the definite delineation. The existence of these sensory activities means that the patient no longer just believes the notion, but actually perceives it as fact. For example, if the definite delineation is that inanimate objects are speaking to the patient, the highest stage is reached when the patient hears or sees these inanimate objects communicating with them. This integration signifies the point where the distinction between internal thought and external reality is completely dissolved within the delusional framework.

5. Clinical Manifestations in Paranoid Schizophrenia

Active concretization is most frequently observed and clinically significant in individuals afflicted with **paranoid schizophrenia**. The mechanism perfectly explains how the vague, pervasive feelings of mistrust, vulnerability, and being fundamentally different--which characterize the initial phase of paranoid thinking--metamorphose into highly structured, detailed, and specific persecutory delusions. The patient takes the abstract sense of internal danger and concretizes it

onto external, localized actors, which then become the specific targets of the paranoia.

A classic example involves the transformation of amorphous fear into specific belief: A person suffering from emotions that cause them to feel as though the entire planet is generally dangerous might actively concretize this notion into the specific conviction that members of their immediate community are actively attempting to hurt them. This localization provides a focal point for the overwhelming anxiety. The belief then dictates the interpretation of subsequent sensory input, creating a self-perpetuating delusional loop.

Furthermore, active concretization often explains the content and theme of the patient's hallucinations. If the patient has concretized their self-contempt into the belief that they are being judged by external forces, the resulting auditory illusions are often voices (the highest stage of concretization) that specifically criticize or demean them, mirroring the original, abstract self-loathing. Thus, the process bridges the gap between the internal psychological experience and the bizarre external symptomology of psychosis, offering a framework for tracing the origin of highly complex psychotic manifestations.

6. Differentiation from Related Cognitive Processes

It is crucial to differentiate active concretization from related but distinct cognitive impairments. The term **concrete thinking**, in general psychology, refers to the simple inability to grasp abstract concepts, often seen in developmental delays or certain organic brain syndromes. A person demonstrating only concrete thinking might interpret the proverb "Don't cry over spilled milk" literally, focusing only on the physical act of crying and the milk. However, this lacks the dynamic, generative element of delusion formation.

Active concretization, by contrast, is a specific pathological operation where the concrete structure is actively manufactured by the psyche to contain an overwhelming abstract threat. It is a defense mechanism aimed at reducing the ambiguity of internal distress by externalizing it into a definable, tangible enemy or threat. Similarly, while related to **delusional formation**, active concretization describes the *process* by which the delusion is constructed--the specific mental algorithm used to convert internal emotion into external belief--rather than merely describing the final, fixed belief itself.

Arieti's concept is thus defined by its three necessary components: the starting point (abstract, overwhelming affect), the mechanism (the active transformation into definite delineation), and the outcome (the formation of a reality-distorting, fixed belief, often culminating in perceptual integration). This specificity makes it a powerful descriptive tool within the psychodynamic understanding of severe mental illness.

7. Significance in Diagnosis and Treatment

Recognizing active concretization holds significant value in the clinical management of schizophrenic patients. Diagnostically, identifying the pattern of concretization allows clinicians to better understand the patient's subjective reality and the underlying emotional needs driving the formation of the delusion. For example, knowing that a patient's delusion of alien invasion is a concretization of overwhelming feelings of alienation and isolation can guide therapeutic efforts away from simply debating the reality of the aliens and toward addressing the core emotional pain.

In terms of treatment, therapeutic approaches informed by active concretization often focus on helping the patient tolerate abstract thought and emotional ambiguity without immediately resorting to rigid, concrete definitions. Psychotherapy might aim to trace the delusional content back to the original abstract feeling of dread or vulnerability, allowing the patient to process the emotion rather than externalizing it through a persecutory framework. Medication management, while essential for controlling psychotic symptoms, is complemented by these psychological insights, which aim to modulate the cognitive mechanisms responsible for generating the delusional content.

Furthermore, understanding the process helps caregivers and family members avoid falling into the trap of arguing with the delusion. Since the delusion is the patient's actively constructed solution to an overwhelming abstract problem, directly attacking the delusion often exacerbates the patient's distress. Instead, therapeutic interventions seek to validate the underlying feeling (e.g., "I see that you feel intensely unsafe") while gently challenging the concrete conclusion (e.g., "It seems you have concluded your neighbors are causing this feeling, but let's explore other reasons why you might feel unsafe").

Further Reading

[Silvano Arieti \(Wikipedia\)](#)

[Schizophrenia \(Wikipedia\)](#)

Arieti, S. (1974). *Interpretation of Schizophrenia*. Basic Books. (Authoritative source for the concept)