

CONCRETIZATION

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Primary Disciplinary Field(s): Cognitive Psychology, Clinical Psychology, Philosophy of Mind, Semantics

1. Core Definition

The term **concretization** refers broadly to the process of making an idea, concept, or abstraction tangible, specific, or real. In its everyday usage, it signifies the activity involved in being precise or rendering an instance of an idea or union, translating something theoretical or vague into a demonstrable example or physical manifestation. This involves shifting focus from generalized principles to specific, observable realities or objects. For example, an architect concretizes a design concept by creating a detailed physical model or a schematic drawing, transforming abstract spatial ideas into definable forms.

However, within the fields of clinical and cognitive psychology, **concretization** carries a highly specific and crucial meaning related to cognitive functioning. In this context, it describes a deficit in the ability to engage in **abstract thought** or theoretical reasoning. This psychological concretization is characterized by a strong and often rigid focus on immediate, specific details, sensory experience, and literal interpretations, resulting in an inability to grasp metaphor, symbolism, or generalized concepts. It represents a fundamental restriction of cognitive flexibility necessary for high-level problem-solving and philosophical inquiry, manifesting as a state of lacking the **ability** to think theoretically wherein there is a strong accent on specifics and instant experience.

When this psychological symptom appears, as illustrated by the example, "When Carol began exhibiting symptoms of concretization, her family worried she may become schizophrenic," it highlights the clinical gravity of this cognitive impairment. It is a hallmark symptom of severe thought disorders and neurological decline, where the individual's perception and interpretation of the world become strictly bound to the immediate and the literal.

2. Etymology and Historical Development

The concept of **concretization** is rooted in the Latin term *concretus*, meaning "grown together" or "condensed," emphasizing the physical and tangible nature of the resulting entity. While the general use of the term has existed for centuries within philosophical and linguistic discourse to describe the process of realizing an idea, its specific application as a clinical psychological phenomenon gained immense prominence in the early to mid-20th century, closely linked to the systematic study of thought disorders, particularly **schizophrenia**.

Early psychiatrists and psychologists recognized that patients with certain psychotic conditions

often exhibited a peculiar style of thinking where abstract language was interpreted literally, and generalized categories were ignored in favor of unique instances. Key figures in the exploration of this phenomenon include figures like Eugen Bleuler, who defined fundamental symptoms of schizophrenia, and later researchers who developed sophisticated cognitive testing methodologies. The work of Kurt Goldstein and others, focusing on the loss of the "abstract attitude," formalized the critical distinction between healthy abstract thought and pathological **concrete thought** processes.

Goldstein argued that brain damage or severe mental illness could revert the individual to a more primitive, concrete mode of thinking focused solely on immediate perceptual data. This historical trajectory established **concretization** not merely as a preference for specifics, but as a potential marker of profound cognitive impairment resulting from underlying neurological or psychiatric pathology. The understanding of this concept became foundational for the development of clinical psychological tests designed to probe the integrity of executive functions and abstract reasoning capacity.

3. Key Characteristics of Concrete Thought

Psychological **concretization** is defined by several observable cognitive characteristics that distinguish it from healthy abstract reasoning. These characteristics manifest across various domains, including language interpretation, categorization, and problem-solving, indicating a fundamental impairment in forming and manipulating generalized concepts.

Literal Interpretation of Language: Individuals exhibiting concretization struggle severely with figurative language, including metaphor, simile, idioms, and proverbs. They understand words solely by their direct, lexical definition, failing to grasp the symbolic, implied, or generalized meaning. For instance, the instruction to "keep an eye out" might be understood as a physical command regarding ocular placement rather than an abstract warning to remain vigilant. This literalism undermines effective communication and social inference.

Inability to Generalize or Categorize: Concrete thinkers focus intensely on specific, unique attributes of an object or event, making it profoundly difficult to form broad conceptual categories or understand how disparate items relate under a single overarching concept. They struggle to identify the common features that unite a class of objects (e.g., recognizing that various species of animals are all members of the category "mammals" based on shared biological traits rather than simply their immediate appearance).

Reliance on Immediate Experience and Perception: Thinking processes are tethered strictly to the "here and now." Reasoning is strongly dictated by instant sensory input and immediate environmental specifics rather than hypothetical situations, learned historical lessons, or distant future planning. This intense accent on **specifics** and instant experience means that complex problem-solving strategies requiring planning and foresight are often inaccessible.

Rigidity and Lack of Cognitive Flexibility: The concrete thought process tends to be highly inflexible. Once a specific rule or connection is established based on a singular, concrete instance, the individual finds it challenging to shift perspective, adapt to new criteria, or consider alternative interpretations. This rigidity often leads to difficulties in tasks that require shifting set, such as moving between different sorting principles or adapting behavior when environmental rules change unexpectedly.

4. Clinical Manifestations and Associated Conditions

Concretization is a recognized cognitive deficit, or formal thought disorder, that serves as a diagnostic indicator in several major psychiatric and neurological illnesses. Its presence suggests a fundamental breakdown in higher cortical functions responsible for executive planning, concept formation, and abstract reasoning. The most prominent association is with **schizophrenic disorder**, where difficulties with abstraction are often profound and pervasive, deeply impacting the patient's capacity for insight, social interaction, and coherent communication. The inability to distinguish between symbolic representation and concrete reality contributes to disorganized thought patterns characteristic of the illness.

In the clinical assessment of schizophrenia, concretization is often elicited using psychological assessments designed specifically to test abstraction, such as the Proverb Interpretation Test or the Wisconsin Card Sorting Test (WCST). A common diagnostic finding involves a patient being asked to interpret an abstract proverb and offering only a literal, non-generalized explanation. For example, interpreting "Where there's smoke, there's fire" simply as a meteorological statement about combustion rather than a generalized rule about causation or evidence.

Furthermore, **concretization** is frequently observed in various forms of **dementia** (including Alzheimer's disease), where progressive neurodegeneration impairs the cognitive machinery necessary for complex conceptualization. As the brain loses integrity, the ability to manipulate abstract symbols, manage hypothetical scenarios, and understand metaphorical language is often lost earlier than the ability to recognize tangible objects or follow simple, concrete instructions. This deficit is also noted in cases of severe traumatic brain injury (TBI) and intellectual disabilities, where structural damage or developmental limitations prevent the full maturation of abstract reasoning capabilities.

5. The Spectrum of Abstract vs. Concrete Thought

Cognitive functioning is typically conceptualized as existing along a continuum, with purely concrete thinking at one extreme and highly abstract thinking at the other. Abstract thought is what allows humans to engage in complex activities such as theoretical mathematics, nuanced moral reasoning, philosophical speculation, and symbolic art. It involves the capacity for mental

manipulation, hypothesis formation, and inferential reasoning--all processes that require separating thought from immediate sensory data and focusing on properties, relations, and categories that transcend specific instances.

Concrete thinking, while entirely necessary for practical interaction with the physical environment and performing routine tasks, limits an individual's ability to plan effectively, understand non-obvious social cues, or comprehend complex political, economic, or scientific systems. Healthy cognition involves a dynamic interplay between both modes: one must be able to focus on specific data points (concrete) and then generalize those data points into a workable theory or conclusion (abstract). The pathological state of **concretization** is defined by the inability to initiate or sustain the abstract attitude, meaning the individual is involuntarily locked into the concrete mode, regardless of the cognitive demands of the task.

6. Implications for Communication and Therapeutic Intervention

Recognizing the presence and severity of **concretization** is profoundly crucial for clinical settings, as it directly dictates the appropriate communication style necessary when interacting with affected individuals. Therapists, nurses, and caregivers must employ direct, unambiguous language, strictly avoiding metaphors, sarcasm, irony, or complex hypothetical questions that rely on abstract reasoning. Communication must be structured around immediate, tangible realities, and instructions must be broken down into literal, sequential steps focused on immediate, verifiable action.

In therapeutic contexts, especially cognitive remediation programs designed for individuals recovering from TBI or those with stable psychiatric conditions, interventions may focus on gradually rebuilding abstract thinking skills. Techniques often involve structured exercises that explicitly force the patient to move from specific examples to general categories, such as sorting items based on implicit, changing rules rather than visible features, or practicing the structured interpretation of graded metaphorical phrases. The ultimate goal is not to eliminate concrete thought--which is adaptive in certain contexts--but to restore the cognitive flexibility, or the **ableness**, to shift between concrete and abstract modes as required by environmental demands.

7. Further Reading

[Abstract and concrete thinking \(Wikipedia\)](#)

[Formal Thought Disorder \(Wikipedia\)](#)

[Proverb Interpretation Test \(Wikipedia\)](#)

[Schizophrenia \(Wikipedia\)](#)