

Dereism

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Dereism

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

1. Core Definition

Dereism refers to a distinctive pattern of thought that deviates significantly from conventional rules of logic and consensus reality. It characterizes mental activity predominantly focused on fantasy, imagination, and unrealistic scenarios, rather than on empirical facts or practical considerations of the external world. This form of thinking directs an individual's mental energy away from what is commonly considered normal or rational thought processes, leading to an internal world where wishes, fears, and internal constructs hold more sway than objective reality. The core essence of dereistic thought lies in its detachment from the shared logical frameworks that govern typical human reasoning and interaction with the environment.

An illustrative example of dereism, as provided by clinical observations, involves an individual deeply engrossed in formulating elaborate defense strategies against mythical threats, such as a zombie apocalypse or a dragon invasion. While creative imagination is a normal human faculty, the dereistic aspect manifests when such fantastical scenarios become the primary focus of thought, occupying a significant portion of an individual's mental life to the exclusion of more pressing or realistic concerns. This intense concentration on the improbable and impossible signifies a departure from reality-testing, where the individual's inner world of fantasy takes precedence over observable facts and logical deductions. It is a thought process that, by its very nature, seeks to fulfill inner desires or escape unpleasant realities through the creation of an alternative, often highly personalized, cognitive universe.

The concept is closely related to "autistic thinking," a term coined by Eugen Bleuler, which describes thought processes that are subjective, self-centered, and directed towards satisfying internal desires rather than adapting to objective reality. While not synonymous, dereism can be seen as a manifestation or a specific characteristic of autistic thinking, emphasizing the fantastical and illogical nature of the thought content. It represents a fundamental shift in cognitive orientation, where the individual's internal landscape dictates their mental operations more than the demands and structures of external reality.

2. Etymology and Historical Development

The term "dereism" originates from Greek roots: "dere" (meaning "away from" or "deviating") and "-ism" (denoting a state or condition). It emerged within the lexicon of psychiatry and psychology primarily in the early to mid-20th century, a period marked by intense efforts to categorize and understand various forms of disordered thought. Its development is intrinsically linked to the broader study of psychopathology and the differential diagnosis of mental illnesses, particularly

those involving significant distortions in perception and cognition. The concept provided a framework for clinicians to describe a specific quality of thought that was neither purely delusional nor simply irrational, but rather characterized by its inherent unreality and subjective orientation.

Historically, dereism gained prominence in discussions surrounding the fundamental symptoms of schizophrenia and other psychotic disorders. Early psychiatrists like Eugen Bleuler, who introduced the concept of "autistic thinking" (often seen as a broader category encompassing dereistic thought), were instrumental in highlighting how thought processes in certain mental conditions diverged profoundly from normative, reality-oriented cognition. Dereism offered a more specific descriptor for the fantasy-driven and illogical nature of these deviations. It allowed for a finer distinction in characterizing how an individual's internal world could become so dominant that it superseded the dictates of objective reality, informing their perceptions, beliefs, and behaviors. This emphasis on the internal, fantasy-laden nature of thought was a crucial step in understanding the subjective experience of mental illness beyond mere observational symptoms.

Over time, while the term "dereism" might not be as frequently used in contemporary diagnostic manuals as broader terms like "thought disorder" or "psychosis," the underlying concept remains highly relevant. It continues to inform the understanding of thought patterns observed in various clinical conditions where there is a significant impairment in reality testing and a preponderance of subjective, internally generated content. The historical trajectory of dereism reflects an evolving understanding of the complex interplay between internal mental states and external reality, and how disruptions in this balance contribute to the phenomenology of severe mental health conditions. Its enduring value lies in its descriptive power to capture a specific, significant departure from reality-oriented thought.

3. Key Characteristics

Departure from Reality: The most salient characteristic of dereism is its fundamental disconnection from objective reality. Unlike normal thought, which is largely grounded in external facts, observable phenomena, and shared consensual experiences, dereistic thought operates predominantly within an internal, subjective world. This means that judgments, conclusions, and ongoing thought processes are not primarily influenced by empirical evidence or logical deductions derived from the external environment. Instead, they are shaped by internal constructs, desires, fears, and fantastical narratives that have little to no basis in shared reality. This internal orientation fundamentally alters how an individual processes information and forms beliefs, leading to thought content that is often idiosyncratic and unfathomable to others.

Lack of Logical Coherence: Dereistic thought typically lacks ordinary logical structure and consistency. The associations between ideas may be unusual, arbitrary, or driven by personal symbolism rather than conventional cause-and-effect relationships or rational connections.

Concepts may be linked based on superficial similarities, emotional resonance, or idiosyncratic rules that are not accessible to external observers. This absence of a coherent logical framework makes dereistic thought difficult to follow and understand, often presenting as disorganized or fragmented. The progression of thought does not adhere to the principles of deductive or inductive reasoning, resulting in conclusions that seem baseless or nonsensical from a rational perspective.

Fantasy Predominance: A defining feature is the overwhelming emphasis on fantasy, imagination, and unrealistic scenarios. Individuals engaging in dereistic thought may spend significant mental energy constructing elaborate, often complex, narratives or worlds that exist solely within their minds. These fantasies are not merely fleeting daydreams but can become deeply immersive and emotionally salient, at times blurring the lines between what is imagined and what is real. The content of these fantasies often reflects underlying psychological needs, unresolved conflicts, or attempts to escape from perceived threats or unpleasant realities, transforming internal desires into vivid mental constructs.

Autistic Thinking Association: Dereism is frequently associated with, or considered a specific manifestation of, autistic thinking. Autistic thinking, as originally described, refers to a form of thought that is highly subjective, self-centered, and directed toward satisfying internal desires rather than adapting to objective reality. While not all autistic thinking is dereistic, dereistic thought exemplifies the fantasy-driven, illogical, and reality-detached aspects that are central to autistic thinking. Both concepts highlight a significant withdrawal from the external world and a preoccupation with an internal, subjective realm of ideas and fantasies.

Unresponsiveness to External Stimuli (in severe cases): In its more severe manifestations, dereistic thought can lead to a marked unresponsiveness or indifference to external stimuli and social cues. Because the individual's mental focus is so profoundly directed inward towards their fantastical constructs, the demands and realities of the outside world may be largely ignored or misinterpreted. This can result in social withdrawal, impaired communication, and a diminished capacity to engage with and adapt to the environment, as the internal world holds greater importance and exerts a stronger pull on cognitive resources than external events.

4. Significance and Impact

The concept of dereism holds significant importance in clinical psychiatry and psychology, primarily as a descriptive term for certain types of disordered thought observed in various mental health conditions. While not a standalone diagnosis, its recognition is crucial for understanding the subjective experience and cognitive impairments associated with severe mental illnesses. Dereism offers insight into how an individual's internal world can become so dominant and detached from reality that it profoundly shapes their perceptions, beliefs, and behaviors. This understanding aids clinicians in formulating a more comprehensive picture of a patient's cognitive state, moving

beyond mere behavioral observations to grasp the underlying thought processes.

In conditions such as schizophrenia, dereistic thought patterns are particularly relevant. They contribute to the characteristic symptoms of psychosis, including delusions and hallucinations, by fostering an internal environment where illogical and fantastical ideas can germinate and flourish. The individual's propensity for dereistic thinking can make them more susceptible to forming fixed, false beliefs (delusions) or experiencing sensory perceptions without external stimuli (hallucinations), as their mind is already attuned to a reality that is not shared. Differentiating dereistic thought from normal creativity or daydreaming is therefore paramount; while both involve imagination, dereism implies a pathological degree of detachment from reality and often an inability to differentiate between fantasy and fact, which is not typical of healthy imaginative processes. Normal fantasy is usually ego-syntonic and recognized as imagination, whereas dereism often blurs this boundary, sometimes leading to distress or functional impairment.

Beyond diagnosis, understanding dereism also informs therapeutic approaches. For individuals exhibiting dereistic thought, interventions may focus on reality testing, cognitive restructuring, and developing coping mechanisms to re-engage with the external world. Psychotherapy aims to help individuals discern between their internal fantasies and objective reality, gradually guiding them towards more adaptive and reality-oriented thought processes. Medications may also play a role in reducing the severity of psychotic symptoms that are underpinned by or exacerbated by dereistic thinking. Therefore, dereism serves as a valuable conceptual tool for both the assessment and treatment planning for individuals struggling with profoundly distorted thought patterns, offering a window into the complex internal landscape of mental illness.

5. Debates and Criticisms

While "dereism" has historical significance in describing certain thought disturbances, its precise definition and utility in contemporary clinical practice have been subjects of discussion and, at times, criticism. One primary debate revolves around its overlap with other psychiatric terms, particularly "autistic thinking," "disordered thought," and "psychosis." Some argue that dereism is essentially a more descriptive aspect of autistic thinking, making its independent conceptualization somewhat redundant in an era where broader, more encompassing diagnostic categories are preferred. Modern psychiatric classifications, such as those found in the DSM-5-TR, tend to focus on operationalized criteria for "thought disorder" that may encompass dereistic elements without using the specific term. This shift reflects a move towards more empirically verifiable and less interpretive diagnostic language.

Another point of contention lies in the potential for misinterpretation or overdiagnosis if dereism is not carefully distinguished from normal human creativity, imagination, or even cultural/religious beliefs. What constitutes an "unrealistic scenario" can be subjective. For instance, engaging in

elaborate role-playing games, writing fantasy novels, or holding deeply spiritual beliefs might appear "dereistic" to an outside observer if not contextualized. Critics emphasize the importance of assessing the individual's insight, their ability to differentiate fantasy from reality, and the degree of functional impairment caused by such thought patterns. A person may spend extensive time planning for a fantastical scenario, but if they fully acknowledge it as fiction and it does not impede their daily functioning, it typically would not be considered pathological dereism. The key distinction often lies in the loss of reality testing and the degree of belief attached to the fantastical thoughts.

Furthermore, the term has faced challenges regarding its precision and the difficulty in objectively measuring its presence and severity. Unlike some other symptoms that have clearer behavioral correlates, dereism describes an internal thought process, making its assessment reliant on subjective reports and clinical interpretation. This inherent subjectivity can lead to variability in its identification among clinicians. Consequently, while the concept of dereism continues to be a valuable descriptor for a particular quality of thought in a psychodynamic or descriptive phenomenological context, its role in strict diagnostic classification has diminished in favor of more behaviorally and empirically anchored criteria. Nevertheless, understanding the dereistic quality of thought remains crucial for a holistic appreciation of an individual's cognitive and emotional landscape in severe psychopathology.

Further Reading

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