

PARALOGICAL THINKING

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Primary Disciplinary Field(s): Psychology, Psychiatry, Cognitive Science

1. Core Definition

Paralogical thinking refers to a cognitive disturbance characterized by reasoning that is fundamentally false, illogical, and deviates significantly from typical rational thought processes. This form of thinking is frequently observed, and highly characteristic, in severe psychiatric conditions, particularly in patients suffering from schizophrenia. Individuals employing paralogical thought often operate under subjective internal logic, where their conclusions are driven by preoccupation with personal fantasies, emotions, and specific subjective experiences, rather than by objective reality or standard deductive reasoning.

The resulting thought pattern manifests externally through responses that are often factually incorrect, tangential, or entirely beside the point when addressing direct questions. The individual's interests and attention become intensely narrowed, leading to restricted and highly unrealistic interpretations of their environment and interactions. Because the patient's focus is internalized, the necessary cognitive framework for objective assessment is severely compromised, resulting in inferences that appear nonsensical or irrational to an outside observer.

2. Clinical Manifestations and Examples

Paralogical thinking can take on diverse clinical forms, ranging from simple verbal responses that miss the point to the construction of complex, self-protective delusional systems. One classic example illustrating this restrictive logic is cited by Eugen Bleuler (1911): when a patient was asked, "Is something weighing heavily on your mind?" the patient responded, "Yes, iron is heavy." This reply demonstrates a literalistic and concrete misapplication of the metaphorical phrase, ignoring the abstract context of emotional weight and substituting it with a concrete, yet irrelevant, physical fact.

In more complex scenarios, paralogical thought serves a defensive function, allowing the patient to draw false inferences specifically to shield themselves from painful or contradictory truths. For instance, in a cited case, a male schizophrenic patient learned that a girlfriend, with whom he had never been intimate, had become pregnant. To reconcile this cognitive dissonance and protect his self-image, he immediately concluded, through paralogical inference, that the conception must have been immaculate, defining the girl as the **Virgin Mary** and claiming himself to be **God**. This elaborate distortion allows the patient to conform external reality to internal, highly potent delusional ideas.

Another key manifestation involves the distortion of everyday reality to align with personal desires

or pre-existing delusional frameworks. Simple, ambiguous social cues are frequently misinterpreted and magnified through the lens of paralogical thought. If a nurse exhibits a professional smile, the schizophrenic patient may conclude that she is their **mistress**. Similarly, a paranoid individual observing two people conversing nearby is apt to conclude immediately that the subjects of their discussion are centered on him; if he hears a bell ringing, he might believe it is a summons calling him to **Judgment**. The internal structure of the patient's thinking forces external sensory data to confirm internal psychological mandates.

3. Theoretical Frameworks (Paleological Thinking)

Paralogical thinking is often conceptually linked to or described using the terms **prelogical thinking** or **paleological thinking**. This conceptualization suggests that the thought processes observed in patients exhibiting paralogia represent a form of **cognitive regression**, aligning them with stages of human development typically seen in early childhood or, historically, described as characteristics of thought in so-called primitive societies.

According to this developmental theory, paralogical thought represents a functional regression to a stage where the mind is overwhelmingly dominated by immediate **feeling**, subjective **perception**, and instinctual associations, rather than being governed by structured, mature logic and abstract reasoning. In this regressed state, the ability to maintain objective distance from one's own thoughts is diminished, allowing immediate impulses and subjective convictions to dictate the resulting conclusions, mirroring the way children or pre-scientific cultures might interpret phenomena.

4. Key Characteristics of Paralogical Thought

Two major characteristics define the structure and quality of paralogical thought, particularly as it is observed in schizophrenia: **concreteness** and **fallacious, dreamlike logic**. These characteristics fundamentally undermine the individual's capacity to navigate abstract concepts and objective reality.

The first key characteristic is **concreteness**. Like a small child whose understanding is tied solely to the literal and observable, the schizophrenic patient often displays profound difficulty in manipulating abstract concepts, metaphors, or symbolic meaning. If asked to interpret the proverb, "A new broom sweeps clean," a person thinking paralogically will fail to grasp the symbolic meaning (e.g., a fresh start or new management) and instead focus only on the physical objects involved, perhaps responding: "No, it doesn't because the bristles are stiff." This reliance on the concrete prevents meaningful abstract generalization or metaphorical understanding.

The second major characteristic is its **fallacious, dreamlike logic**. This form of reasoning follows internal, associative rules that violate the principles of identity and non-contradiction required for

rational thought. Bleuler (1911) provided a stark illustration of this: a patient convinced that he was **Switzerland**. Such an identity claim is utterly impossible for a normal mind, but the patient's paralogical process followed a defective syllogism: "Switzerland loves freedom. I love freedom. Therefore, I am Switzerland." In this reasoning, a shared quality (love of freedom) is treated as sufficient evidence for complete identity, showcasing a profound breakdown in logical structure.

5. Specific Contexts (Prisoners Awaiting Trial)

Paralogical thinking is not exclusive to chronic psychotic disorders; a specific, often transient, form of paralogia is sometimes documented among individuals in forensic settings, particularly **prisoners awaiting trial**. When these individuals are interrogated or asked questions of any kind, some respond with conspicuously false or illogical answers, even when evidence suggests they possess the cognitive capacity and knowledge to provide rational responses.

This deliberate or unconscious tendency to utilize illogical responses is theorized to stem from an underlying, often unconscious, desire or motivation to establish that they are cognitively impaired or **too stupid** to be held fully responsible for their alleged criminal behavior. By presenting a façade of flawed reasoning--a specific type of malingering or psychological defense--they attempt to mitigate accountability, demonstrating how paralogical patterns can be situationally adopted or exaggerated under extreme psychological duress, even if the underlying pathology is not chronic schizophrenia.

6. Historical Context (Bleuler's Observations)

The systematic study and identification of paralogical thought are closely tied to the foundational work of Swiss psychiatrist Eugen Bleuler, who coined the term "schizophrenia" and dedicated extensive research to describing its core cognitive disturbances. Bleuler's observations, particularly those detailed around 1911, established paralogia as one of the fundamental and characteristic features of the disorder, distinguishing schizophrenic thinking from other forms of mental illness.

Bleuler's clinical documentation provided the earliest comprehensive examples of how the schizophrenic mind constructs reality based on flawed internal associations (such as the "I am Switzerland" example), illustrating that the fundamental issue was not just the content of the delusions, but the **process** of deriving those conclusions. His classification of these thought disorders was crucial in shifting the focus of psychiatric diagnosis toward understanding the specific cognitive mechanisms underlying psychosis.

7. Further Reading

[Eugen Bleuler \(Wikipedia\)](#)

Schizophrenia (Wikipedia)

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