АКТУАЛНО
CURRENT TOPICS

COMMUNICATION AND INFORMATION PROCESSES IN THE USE OF PSYCHOLOGICAL REIFICATION FOR IMPROVING PUBLIC HEALTH

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Abstract: *Psychological reification refers to the communicative process by which dynamic mental experiences are linguistically transformed into rigid, seemingly objective "things." Although widely discussed in philosophy, sociology, and linguistic critique, reification has not yet been systematically examined as a communication-based process within clinical psychology and psychotherapy. This article proposes psychological reification as a transdiagnostically relevant phenomenon that emerges in self-descriptions and interpersonal communication and can also occur within the therapeutic relationship. It operates as a linguistic-cognitive mechanism that can foster rigid self-images, restrict psychological flexibility, and hinder change processes. From this perspective, reification is understood not merely as an individual cognitive distortion, but as a communicatively mediated mechanism shaped by linguistic conventions and shared informational frameworks. Methodologically, the article is based on a theoretical-conceptual and language-analytical approach that systematizes forms of psychological reification and illustrates them through selected clinical examples. The aim is to situate psychological reification within the field of communication and information processes in mental health contexts and to demonstrate its relevance for identifying and deconstructing dysfunctional meanings in psychotherapeutic communication.*
Keywords: *psychological reification; communication processes; information structuring; transdiagnostic approach; psychotherapeutic communication*

INTRODUCTION

"My anxiety won't let me go" – such sentences are common in psychotherapeutic practice, but reveal a problematic pattern of linguistic self-interpretation: psychological reification. This term, derived from the Latin *res* ("thing") and *facere* ("to make") (Stowasser et al. 2016), is used to describe the tendency to translate dynamic psychological processes or subjective experiences into rigid linguistic structures that disguise their changeability and give them the appearance of objective facts. In this way, a hypothetical construct that originally served as orientation becomes a seemingly real thing, an entity. It becomes something one *has, is,* or *is at the mercy of.* A feeling becomes the dominant force ("Depression has me in its grip"), a temporary state becomes a trait ("I'm just depressed").

From a communication- and information-oriented perspective, such expressions can be understood as stabilized meaning formations that emerge within everyday, professional, and institutional communication. Psychological reification does not occur in isolation within the individual mind, but is shaped and maintained through recurring linguistic patterns, shared interpretative frameworks, and socially established ways of organizing psychological information. In mental health contexts, these communicative structures become particularly relevant, as diagnostic language, self-descriptions, and therapeutic dialogue systematically translate dynamic experiences into communicable and administrable forms. Reification can thus be conceptualized as a process of communicative meaning stabilization that both enables orientation and entails the risk of rigidifying subjective experience.

The idea of reification can be traced back to medieval scholasticism, where in the universals controversy the realists considered general concepts such as "living being" or "justice" as really existing, while the conceptualists understood them as mental constructs (Loux and Crisp 2017). In modern times, Whitehead (1985) criticized the tendency to treat abstract models or scientific

concepts such as "force", "market" or "time" as concrete realities, while Lukács (2013) examined "Verdinglichung" as part of his critique of capitalism. Berger et al. (2021) as well as Sapir (1921) and Whorf (1956) also showed how linguistic structures shape our perception and self-interpretation in such a way that dynamic processes such as "depression" or "society" appear as seemingly objective entities. The relevance of reification for clinical psychology has hardly been systematically investigated to date. Yet, according to the thesis of this article, it is central to understanding self-concepts, problematic diagnostic language and psychotherapeutic change processes.

However, psychological reification is not only understood as a linguistic phenomenon, but also as a communicatively mediated, transdiagnostically effective mechanism that can contribute to the cognitive narrowing and chronification of psychological suffering in cases of depression, anxiety, and personality disorders, for example. The aim of this article is to systematically describe this psychological phenomenon, distinguish between its different forms, and demonstrate how it can inform both diagnosis and intervention in psychotherapy.

RESEARCH METHODOLOGY

This article is based on a theoretical-conceptual approach that aims to systematically define psychological reification and to make it fruitful for psychotherapeutic practice by situating it within a communication- and information-structuring perspective. The focus lies on the analysis of linguistic and communicative processes through which psychological experience is structured, stabilized, and rendered communicable. Methodologically, this is a concept-analytical and theory-based study that does not rely on empirical data collection, but rather develops hypotheses and conceptual distinctions that can be systematically examined in future research.

Psychological reification is conceptualized as a linguistic-cognitive and communicatively mediated mechanism that transforms subjective experience and behavior into seemingly objective identity attributions. A systematic distinction – internal versus external, explicit versus implicit, and functional versus dysfunctional – is employed to develop a differentiated system of categories that captures different communicative functions of reifying language, such as attribution, stabilization, and the organization of psychological information. In addition, psychological reification is described as a transdiagnostic process that operates in a comparable manner across different mental disorders and communicative contexts. Illustrative clinical examples and selected intervention techniques are used to demonstrate potential applications of the conceptual framework, including externalization, deconstruction, and emotional processing.

RESULTS

From a communication- and information-oriented perspective, the following results outline how reification functions as a linguistic mechanism for organizing, stabilizing, and transmitting psychological meaning across different communicative contexts. The term "reification" generally refers to the tendency to treat complex phenomena linguistically as if they were objective things with their own existence. For example, although "reason" is an abstract principle of thought, it is often treated as an acting entity, as when it is said: "Reason has prevailed." Likewise, "society" is not a tangible object but a dynamic network of relationships, norms, and interactions. However, formulations such as "society wants it this way" suggest that it is an acting entity with its own will. Another example of reification is "the wind". From a physical point of view, wind is the movement of air molecules due to pressure differences. Nevertheless, we speak of the wind as if it were a thing that blows or whistles. Reification makes complexity manageable and promotes intersubjective understanding, but can also have negative effects in psychology. Table 1 provides a concise overview of the main distinctions between different forms of psychological reification.

Table 1. Forms of psychological reification and their communicative / psychological implications.

Dimension	Form	Core linguistic characteristic	Communicative / psychological implications
Locus	Internal	Subjective experiences are formulated as inner "things" or agents (e.g., "My anxiety controls me").	Stabilizes inner experience as object-like; reduces complexity but limits experiential differentiation and agency.
	External	Supra-individual entities or external evaluations are linguistically treated as acting forces (e.g., "Society demands this of me").	Transfers agency outward; shapes self-concept through socially shared or internalized attributions.
Explicitness	Explicit	Reified elements are explicitly named, often as grammatical subjects or metaphors (e.g., "Depression has me in its grip").	Makes reification visible and communicable, but may reinforce objectification through naming.
	Implicit	Reification is linguistically presupposed without explicit naming (e.g., "I'm just the way I am").	Stabilizes meaning covertly; restricts reflection and negotiation in interpersonal communication.
Function	Functional	Reification serves orientation, communication, or motivation (e.g., diagnostic labels, resource metaphors).	Facilitates shared understanding, emotional relief, and communicative connectivity when kept flexible.
	Dysfunctional	Reification solidifies into rigid identity attributions or perceived forces beyond control.	Restricts psychological flexibility, fosters helplessness, and contributes to symptom maintenance.

Communication of internal and external psychological reifications

Psychological reifications differ from general reifications in that they affect the individual experience and behavior of a person. Internal psychological reifications refer to those linguistic-cognitive processes in which subjective experience and behavior are linguistically transformed into rigid, object-like characteristics or identity statements and appear as actors. When people say: "My trauma haunts me" or "My anxiety won't let me go", dynamic psychological experience no longer appears as a temporary state or context-dependent experience, but as a quasi-objective, unassailable entity. This linguistic form thus creates an inner counterpart, a "something" that affects, oppresses, controls or renders helpless. From an information structuring perspective, such internal reifications reduce complex, situational experiences to stable communicative units that can be easily referenced but limit experiential differentiation.

External psychological reifications, on the other hand, can refer to supra-individual entities, such as "society" or "the others". Such reifications become psychologically relevant when they influence individual thinking, feeling and behavior, for example when a person thinks: "Society demands this of me." However, external psychological reifications also include external evaluations or labels, for example from parents, teachers, doctors or psychotherapists, which have become inner convictions through repetition and emotional significance. If, for example, a mother repeatedly said: "You are far too sensitive, everything is difficult with you", this statement can become effective in the self-image of the person concerned, often without their origin being consciously remembered. Statements such as "I'm just too sensitive" then sound like self-descriptions, but often carry the linguistic structure and content-related evaluation of another person's perspective.

Communication of explicit and implicit psychological reifications

In the case of explicit psychological reifications, the supposedly independent "things" or actors are formulated openly. Metaphorical images or nouns are then typical, such as "Depression has me firmly in its grip" or "Society demands this of me." In these cases, the reified element is often the grammatical subject of the sentence.

Implicit reifications, by contrast, involve abandoning any explicit naming of a "thing" while still linguistically presupposing one, often through static self-ascriptions. Typical examples are

statements like "I'm just the way I am." At first glance, this sounds innocuous and colloquial, yet its implicit structure embodies a reification: one's experience and behavior are simply attributed to an alleged, stable, unchangeable "way of being" that goes unexamined. If you make this explicit – say, by sharpening it to "I'm at the mercy of a thing called 'way-of-being'" – you can see how language obscures the processual nature of personality and relationship experience, transforming a diffuse, unquestioned bundle of traits implied by "the way I am" into an apparently objective entity. Through this linguistic framing, a person shifts from active subject to passive object: the "way-of-being" becomes the agent, while the person is merely "acted upon." The use of "just" reinforces this effect with a tone of resigned finality, as if the speaker wants to nip any notion of change in the bud. This form of implicit psychological reification narrows the space for change. Although it may offer temporary protection against guilt or overwhelm ("It's not *my* fault. That's *anxiety's* doing"), it can also foster learned helplessness and external control. Implicit reifications are particularly relevant from a communication-theoretical standpoint, as they stabilize meaning without being explicitly named and therefore tend to escape reflection and negotiation in interpersonal interaction.

Communication of functional and dysfunctional reifications

Functional psychological reifications can have a structuring and communication-promoting effect or also strengthen motivation and activate resources. The first category includes, for example, psychological reifications in the context of classification and diagnosis, in that they translate subjective experiences into a nameable form and thus enable clarification, orientation and emotional relief. Statements such as "I have a social anxiety disorder; now I know what's wrong with me" make it clear that this reification does not act as a fixed definition, but as a temporary interpretative framework that classifies experience and behavior and makes it workable. At the same time, such psychological reifications also promote communicative connectivity: patients, therapists and institutions such as health insurance companies speak the same language. Linguistic standardization can support the therapeutic process by creating a common frame of reference that enables treatment and counteracts the feeling of being alone with one's own suffering. The previously "unspeakable" ("What's wrong with me?") thus becomes socially shareable, which also contributes to emotional self-relief.

Motivating psychological reifications unfold their effect when they function as a symbolic designation of inner resources or coping strategies. Statements such as "The fighter in me helps me not to give up" strengthen self-efficacy and can be specifically used and deepened in therapeutic work. Metaphorical-personalized representations, such as "my inner child", can open up possibilities for emotional integration and inner dialogue without necessarily having to become a rigid attribution of identity.

Dysfunctional psychological reifications, on the other hand, transform subjective experience and behavior into rigid, seemingly objective identity attributions or powers of action to which the person feels at the mercy of. Typical formulations are those already described in the previous sections. Many psychological reifications initially have a functional effect. However, precisely because they initially provide cognitive order and emotional relief, they can easily become an integral part of the self-image or world view – and thus susceptible to a dysfunctional shift in their function. This transition is often gradual. A diagnosis such as "depression" initially has a clarifying effect ("Now I know what's wrong with me"), but becomes a solidification of the problem when it is later transformed into a statement of identity ("I'm just depressed"). In this sense, functional and dysfunctional reifications can be understood as differing modes of communicative information management that either support or constrain psychological flexibility.

Psychological reifications as a communication process in diagnostics

The impact of psychological reifications is not limited to specific disorders but cuts across diagnostic categories. Thus, reification can be understood as a transdiagnostic mechanism playing a similar functional role in various mental disorders (Harvey et al. 2004). In depressive disorders, for example, reifications frequently appear as statements like "I am worthless." Such declarations stabilize negative self-schemas, promote withdrawal tendencies, and contribute to the maintenance of

self-devaluation and hopelessness. In anxiety disorders, reification shows up in formulations such as "Anxiety rules my life." Here, the affective state is externalized and portrayed as an autonomous, overpowering force, which can intensify feelings of loss of control and foster avoidance. In the context of obsessive-compulsive symptomatology, one often encounters remarks like "I'm just a control freak." This formulation illustrates an identity fusion with rigid coping strategies: The ego merges with the controlling behavior, which is no longer experienced as a situational strategy but as a stable, dominant personality trait.

Communication and information processes in psychotherapeutic treatment

1. Recognizing reifications: The first step is to identify dysfunctional psychological reifications in the patient's verbal expression. Statements such as "I'm just the way I am" indicate reifying structures. The therapist can address them with specific questions: "What exactly does 'the way I am' mean?" Another possible therapeutic approach is the externalization of a psychological reification. The technique originally comes from narrative therapy (Dahm-Mory 2021; White and Epston 2024). The basic idea is to linguistically detach a stressful inner pattern, such as "the anxiety" or "the critic", from the self and treat it as an independent figure capable of dialog. This makes the linguistic structure of the reification visible and workable by lifting the already objectified element onto the therapeutic stage. Questions such as "If your anxiety were a separate being, what would it look like?" or "What does it want from you?" promote distance and a change of perspective and interrupt the logic of identification ("I *am* my anxiety"). What initially appears as an unquestionable reality is, in fact, a linguistically constructed figure that can now be critically examined, deconstructed, and thus dissolved – i.e., de-reified.

2. Psychoeducation and meta-linguistic reflection: A further step consists of psychoeducation, i.e. conveying a basic understanding of how language shapes experience and behavior and how reifications can have a psychological effect. Patients should be able to understand that certain linguistic patterns such as rigid self-attributions or substantivizing formulations lead to inner processes being experienced as unchangeable and identity-forming, although in reality they are subjective, situational and changeable. Simple linguistic examples can be used to explain how quickly a feeling becomes an "essence" in everyday language or a tendency becomes a rigid "trait", for example, when "I feel insecure right now" becomes the sentence "I'm just an insecure person".

3. Deconstruction: In this phase, dysfunctional psychological reifications should be de-reified. For example, the statement "I'm just a control freak" can be reformulated as: "I notice that I try to stay in control in certain situations; sometimes this helps me, but sometimes it also makes me inflexible." In this reformulation, "I am" is replaced by "I notice" and "try", which describes the experience as processual and observable. The implicit temporal fixation "always" is relativized by formulations such as "in certain situations" and "sometimes". In a further step, the relativized statement can be contextualized, for example by naming typical trigger situations such as in the statement "Especially when I am under time pressure and others are dependent on me, I notice how my need for control becomes particularly strong." But biographical aspects can also be named, for example in the statement "As a child, I often experienced that no one took responsibility, perhaps my behavior today is related to this." Linguistic markers such as the resigned "just", which implicitly excludes reflection and change, should be deliberately avoided. Through this three-stage linguistic deconstruction – relativizing, contextualizing and reformulating – the originally rigid, seemingly unchangeable self-definition is de-reified: it gives way to a differentiated description of experience, behavior, triggers, context and underlying needs, which promotes a more differentiated, flexible self-image and processes of change.

4. Dealing with functional reifications: Functional psychological reifications create meaning, bundle experiences, make complex inner experiences communicable and have a motivating effect. For therapeutic practice, this opens up the possibility of consciously working with these statements, for example by metaphorically naming inner strengths, anchoring them biographically and activating them in a targeted manner in the further course. At the same time, such functional reifications require particular vigilance, as they can tip over into dysfunctional patterns in the course of the therapeutic process. Even diagnostic reifications, which initially have a clarifying

and relieving effect, can solidify over time into rigid identity cores ("I'm just depressed"), which implicitly excludes the possibility of change. From a therapeutic perspective, it is therefore crucial not to reinforce functional reifications without reflection, but to keep them open, flexible and context-sensitive. A central question in therapeutic work should be: "Is such a statement helpful for you right now or does it restrict you?"

5. Emotional processing of dysfunctional reifications: Dysfunctional psychological reifications not only have a linguistic-cognitive effect, but also an emotional one. Statements such as "I'm just the way I am; it's always been my problem" are often associated with feelings such as shame, helplessness, fear or resignation. These emotions are often not explicitly named, but are implicitly conveyed through the linguistic structure, for example through formulations that suggest immutability or failure. In the therapeutic relationship, it is therefore important to identify these emotional implications, validate them and reflect on them together. It is not only about deconstructing dysfunctional reifications, but also about taking the emotional content associated with them seriously. Beyond its cognitive structure, a statement such as "I'm just not capable of having a relationship" can be an expression of deep disappointment, self-protection or fear of rejection. These emotional meanings need to be explored before dysfunctional reifications can be deconstructed. Beck (1976, 1999) emphasizes that language, especially in the form of automatic thoughts, is not only a means of describing emotions, but is actively involved in their development. According to Beck, the way people think about something significantly determines how they feel and how they behave. Against this background, dysfunctional psychological reifications can be understood as linguistic-cognitive constructions that not only accompany emotions such as fear, shame or guilt, but also *cause* them. De-reification is therefore not only aimed at cognitive flexibilization, but also at affective relief: If a reification is deconstructed in the therapeutic process, this can not only contribute to a more differentiated self-image, but also to the attenuation of the stressful emotions.

CONCLUSIONS

The concept of psychological reification describes a linguistic-cognitive and communicatively mediated mechanism that has received little attention to date but is potentially significant, contributing to the development and maintenance of psychological disorders and representing a concrete therapeutic starting point. By systematically differentiating internal and external, explicit and implicit, as well as functional and dysfunctional reifications, an analytical framework is established that is applicable to both clinical diagnostics and psychotherapeutic practice and that allows reification to be understood as a process of communicative meaning stabilization.

At the same time, the present work is to be understood as a theoretical-conceptual contribution whose assumptions have not yet been empirically tested. The derivation of possible mechanisms of action is based on theoretical plausibility assumptions, linguistic analyses, and clinical illustrations, but not on systematically collected data. This limits the informative value, particularly with regard to the empirical classification of psychological reification as a transdiagnostic process. Further research is therefore needed to examine how reifying language patterns and information structures operate across different communicative contexts and diagnostic categories.

In practice, de-reification, understood as the dissolution of rigid self-attributions and stabilized meaning formations, can play a key role in enabling change processes in the first place. Against the backdrop of Grawe's common-factors research (Grawe and Caspar 2012), de-reification can thus be conceptualized as an overarching common factor that facilitates the effectiveness of other factors such as problem actualization, resource activation, motivational clarification, problem mastery, and the therapeutic relationship, particularly by increasing communicative flexibility within psychotherapeutic interaction.

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КОМУНИКАЦИОННИ И ИНФОРМАЦИОННИ ПРОЦЕСИ ПРИ ИЗПОЛЗВАНЕТО НА ПСИХОЛОГИЧЕСКА РЕИФИКАЦИЯ ЗА ПОДОБРЯВАНЕ НА ОБЩЕСТВЕНОТО ЗДРАВЕ

Резюме: *Психологическата реификация се отнася до комуникативния процес, чрез който динамичните психически преживявания се трансформират езиково в статични, привидно обективни „неща“. Въпреки че е широко обсъждана във философията, социологията и лингвистичната критика, реификацията все още не е систематично изследвана като комуникационен процес в клиничната психология и психотерапията. Тази статия разглежда психологическата реификация като трансдиагностично значимо явление, което се проявява в самоописанията и междуличностната комуникация и може да възникне и в терапевтичната връзка. Тя функционира като лингвистично-когнитивен механизъм, който може да подхранва фиксирани самооценки, да ограничава психологическата гъвкавост и да възпрепятства процесите на промяна. От тази гледна точка реификацията се разглежда не само като индивидуална когнитивна деформация, но и като комуникативно опосредстван механизъм, формиран от лингвистични правила и споделени информационни рамки. Методологично статията се основава на теоретично-концептуален и езиково-аналитичен подход, който систематизира формите на психологическата реификация и ги илюстрира чрез подбрани клинични примери. Целта е психологическата реификация да се позиционира в областта на комуникационните и информационните процеси в контекста на психичното здраве и да се демонстрира нейната релевантност за идентифициране и деконструкция на нефункционални значения в психотерапевтичната комуникация.*
Ключови думи: *психологическа реификация; комуникационни процеси; информационно структуриране; трансдиагностичен подход; психотерапевтична комуникация*

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