

The Lifeless Self Conceptualization and Validation of a Scale for Identity Disturbance Following Early Loss

Manolov Manol*

“Paisii Hilendarski”, University of Plovdiv, Plovdiv, Bulgaria.

*Correspondence:

Manolov Manol, “Paisii Hilendarski”, University of Plovdiv, Plovdiv, Bulgaria, E-mail: m.manolov@uni-plovdiv.bg.

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ABSTRACT

The present study introduces and validates the Self-Identity Lifelessness Scale (SILS), a novel instrument designed to measure a unique form of identity disturbance termed the Lifeless Self Syndrome. This syndrome is conceptualized as a chronic condition characterized by emotional lifelessness, identity diffusion, and internalized guilt, hypothesized to emerge from symbolic role substitution following early familial loss - particularly the death of a sibling. Based on theoretical modeling, psychobiographical analysis, and qualitative input from five focus groups (N = 278), a 30-item scale was developed and psychometrically tested.

Exploratory factor analysis revealed a four-factor structure - (1) Emotional Derealization and Loss of Authentic Self, (2) Identification Splitting and Substitutive Existence, (3) Dependent Self and Relational Insecurity, and (4) Introjected Guilt and Compensatory Identity—explaining 59.73% of the variance. The scale demonstrated strong internal consistency and construct coherence.

Nonparametric tests were conducted due to non-normal distribution. Mann–Whitney U tests showed significantly higher SILS scores among individuals born after a deceased sibling, particularly on dissociation and guilt-related subscales ($p < .05$). Kruskal–Wallis analyses further confirmed that sibling loss in conscious life is associated with the highest levels of identity disturbance across all factors.

The findings provide initial empirical support for the Lifeless Self construct and underscore the psychological impact of early symbolic loss. The SILS offers a promising tool for identifying individuals at risk of deep-seated identity pathology linked to unresolved mourning and familial role imposition.

Keywords

Symbolic loss, Identity diffusion, Lifeless Self, Symbolic substitution, Sibling bereavement, Self-concept pathology.

Introduction

Identity disturbances are central psychological construct related to various conditions. The article offers a new construct, named the “Lifeless Self”. It describes a specific form of identity disturbance shaped by a child’s exposure to unresolved parental grief, particularly following the loss of a sibling. In such contexts, the surviving child may unconsciously adopt the identity of the

deceased sibling as a coping mechanism to restore emotional balance within the grieving family system. Parental grief can create an emotionally impaired environment – unsecure attachment style, emotional unavailability, and lack of communication. The living child may experience an identity crisis, role confusion, or assume a “replacement child” role, leading to long-term emotional and developmental consequences [1,2]. Studies show that such children often suffer from unresolved grief, emotional isolation, and identity diffusion. Adolescents may be especially vulnerable, as sibling bereavement during identity formation stages can interrupt psychological development and social adjustment [3,4].

Research also indicates that children in bereaved families frequently encounter enduring psychological challenges, such as depression, anxiety, identity confusion and post-traumatic stress disorder (PTSD). These adverse outcomes are often a consequence of parental grief and emotional instability, which can disrupt the child's sense of security and stability. Parents who are grieving may become emotionally inconsistent—alternating between overprotection and emotional withdrawal. Such environmental factors may hinder the development of secure attachment patterns, potentially leading to difficulties in emotional regulation and social relationships throughout their development [5,6].

Surviving children frequently internalize the roles previously occupied by their deceased sibling, which can lead to significant role confusion and disrupt the natural progression of self-identity development. This process often results in the child adopting responsibilities or behaviors not aligned with their age or personal aspirations. Additionally, parental expectations rooted in the desire to honor the lost sibling or fulfill unmet aspirations may impose further psychological burdens, thereby compromising the child's autonomy and hindering their capacity to establish an independent and authentic sense of self [3,7].

The psychobiographical cases of Vincent van Gogh, Salvador Dalí, Edvard Munch, and Pablo Picasso provide compelling clinical illustrations of the “Lifeless Self” [8,9].

Vincent van Gogh displayed the full clinical triad of the Lifeless Self. Vincent assumed a false identity, derived from his deceased brother's name, and, by visiting his brother's gravestone bearing his own name, he became immersed in a role of symbolic substitution. He experienced a prolonged state of emotional mourning, characterized by an intense and pervasive sense of sorrow. He maintained a nearly symbiotic relationship with his brother Theo, serving as an external regulatory mechanism for his sense of self, and consistently exhibited enduring feelings of emptiness. He also had a third thing - creative output as self-verification. His art served as a desperate effort to affirm existence and construct a fragmented identity. Salvador Dalí also acted as a psychological replacement for a deceased sibling bearing the same name. His self-regulation was externally maintained by his partner Gala, akin to Kohut's selfobject function. After her death, he exhibited psychic disintegration, with art reflecting themes of depersonalization and emotional collapse [10]. Edvard Munch experienced a disorganized attachment due to early maternal and sibling loss within a dysfunctional family. His symptoms included emotional withdrawal, rigid fixation on death, and visual depictions of existential despair. These are congruent with Bowlby's attachment trauma model and Liotti's account of disorganized states leading to dissociation and identity fragmentation [11,12]. Pablo Picasso, while not a namesake replacement, internalized guilt from a failed promise to save his dying sister. This trauma transformed into manic creativity, showcasing a partially integrated Lifeless Self. His symbolic coping through art and grandiosity masked deeper unresolved grief, particularly evident during his “Blue Period” [13].

Clinical markers which are observed in these biographical cases are:

- False-self construction replacing authentic identity
- Deep-rooted survivor guilt and unresolved mourning
- Use of compulsive creativity as a compensatory mechanism
- Emotional numbing, dissociation, and fragmented self-coherence
- Symbolic relationships with external figures for self-stability

These individuals report feeling emotionally numb and disconnected from their inner experiences, describing a persistent “lifelessness” within. Rather than forming a self-concept based on authentic traits, they often mirror the lost sibling's persona to meet familial expectations, creating a false-self structure. This compensatory identity structure leads to significant confusion about personal identity. Survivors often experience internal conflict between their true self and the symbolic role they were encouraged to assume. Such individuals may appear functional externally but internally describe feeling unreal or detached, consistent with what is clinically referred to as an “as-if” personality [14,15]. Their self-image remains enmeshed with the memory of the deceased, preventing autonomous self-development [16,17]. This symbolic substitution is not only emotionally burdensome but clinically associated with symptoms such as low self-esteem, anxiety, and disturbed identity development.

The Lifeless Self shares surface features with several personality and identity disorders but differs significantly in affective tone, and internal structure. Unlike borderline personality disorder, where identity diffusion arises from unstable, often traumatic early relationships and manifests in emotional volatility and fear of abandonment, the Lifeless Self is rooted in symbolic role substitution following sibling loss. Its core emptiness is static and ontological - stemming from the absence of a developed self - not from affective dysregulation. In contrast to narcissistic personality disorder, where the false self is grandiose and built to protect fragile self-esteem and attract admiration, the false identity in the Lifeless Self is passive, compliant, and shaped to meet unconscious familial demands. It is not egocentric but mournful - constructed not for validation but for replacement. The individual does not seek admiration but instead fulfills a role that was never theirs to begin with. Differentiation from depressive self-structures lies in the nature of emptiness. In depression, the self remains intact but negatively appraised (“I am worthless”). In the Lifeless Self, the person feels devoid of self entirely (“I am no one”). This existential vacancy cannot be addressed by mood treatment alone, distinguishing it from primary depressive conditions. The individual with a Lifeless Self differs from those with schizoid or schizotypal personalities. Their emotional detachment or introspective withdrawal, the inner world is not shaped by psychotic ideation or true disinterest in relationships. Rather, the withdrawal reflects a disconnection from an authentic self, not an asocial temperament or cognitive-perceptual dysfunction.

The aim of the present study is to conceptualize the Lifeless Self and to develop a valid instrument for its quantitative assessment.

Drawing on theoretical review and clinical case analysis, the following core characteristics of the syndrome were identified (a) a chronic sense of inner emptiness and emotional lifelessness; (b) a diffuse or alien identity shaped by unconscious identification with a deceased other; (c) deeply rooted guilt and self-blame for being alive “in place of” another; and (d) a tendency toward dissociation and disconnection from authentic emotions and needs. To capture these dimensions, the Self-Identity Lifelessness Scale (SILS) was developed, designed to reflect the key components of the syndrome.

Methodology

The development of the Self-Identity Lifelessness Scale (SILS) followed a multi-phase designed process. Initially, a comprehensive theoretical model of the Lifeless Self was established, integrating insights from psychodynamic theory, attachment research, and identity development frameworks [8]. Key clinical features - such as chronic inner emptiness, false-self dynamics, survivor guilt, and dissociation - were extracted from these frameworks as well as from detailed psychobiographical analyses.

To ground the scale in lived experience, five focus groups were conducted with undergraduate and graduate psychology students at the University of Plovdiv. Each group included 6–8 participants and followed a semi-structured format. Participants were invited to reflect on themes of self-loss, identity confusion, and emotional disconnection, particularly in the context of grief, family expectations, or symbolic roles. Their narratives were analyzed thematically and used to refine the emotional and experiential language of the scale items, ensuring accessibility without sacrificing clinical precision. A draft version of the scale was piloted with a small sample (n = 15) to refine item clarity and optimize response format. The final SILS version retains strong phenomenological fidelity to the Lifeless Self while offering psychometric potential for empirical validation. SILS is a 30-item self-report questionnaire developed to operationalize and measure the core dimensions of the Lifeless Self. Grounded in the theoretical model of the syndrome, SILS captures six interrelated constructs: (1) inner emptiness, (2) suppression of the authentic self, (3) guilt and existential duty, (4) split or fragmented identity, (5) psychological symbiosis with others, and (6) compensatory behaviors aimed at self-affirmation.

Results

The sample consists of 278 participants who completed demographic and life-history items relevant to early familial loss and birth order, which are theoretically linked to the development of the Lifeless Self. The results are on Table 1 and Table 2.

Table 1: Was there a child born before you, who is dead?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	45	16.2	16.2	16.2
	No	233	83.8	83.8	100.0
	Total	278	100.0	100.0	

Table 2: Have you direct experience with the loss of a family member in your childhood?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	119	42.8	42.8	42.8
	Grandparent	115	41.4	41.4	84.2
	Father	21	7.6	7.6	91.7
	Mother	11	4.0	4.0	95.7
	Sibling	12	4.3	4.3	100.0
	Total	278	100.0	100.0	

In response to the item “Was there a child born before you, who is dead?”, 16.2% of respondents (n = 45) indicated that a sibling had been born before them, while the majority, 83.8% (n = 233), reported no such sibling. The second item, “Have you direct experience with the loss of a family member in your childhood?” yielded the following results - 42.8% (n = 119) had not experienced a significant family loss in childhood; 41.4% (n = 115) had lost a grandparent; 7.6% (n = 21) reported the death of a father; 4.0% (n = 11) reported the death of a mother; 4.3% (n = 12) had lost a sibling.

Factor Analysis

A principal component analysis with Varimax rotation was conducted on the SILS. Based on Kaiser’s criterion (eigenvalues > 1), four factors were retained, accounting for 59.73% of the total variance—an acceptable result for psychological scales. After rotation, the variance was evenly distributed across the four factors (17.25%, 15.90%, 14.02%, and 12.56%), indicating a stable and interpretable structure. The factor solution supports the theoretical model of the Lifeless Self, reflecting distinct but related dimensions of identity emptiness, suppression, guilt, and compensatory functioning. The results are shown on Table 3.

The exploratory factor analysis of the SILS revealed four conceptually distinct factors, consistent with the theoretical model of the Lifeless Self.

Factor 1 is related to Emotional Derealization and Loss of Authentic Self. This factor reflects chronic dissociation and emotional detachment, including feelings of inner lifelessness, lack of spontaneity, and disconnection from self and others. It captures the subjective sense of “living a role” rather than an authentic life.

Factor 2 is related to Identification Splitting and Substitutive Existence. This dimension involves the internalization of another’s identity (e.g., a lost sibling), with experiences of split self, self-alienation, and the feeling of living someone else’s life. It reflects unconscious role substitution and identity confusion.

Factor 3 is related to Dependent Self and Relational Insecurity. Items here describe dependency on external validation, intense fear of abandonment, and difficulties making autonomous choices. The factor represents a relationally fragile self-structure rooted in conditional acceptance and self-suppression.

Table 3: Factor analysis of SILS.

	1	2	3	4
3. Even when I'm around others, I feel disconnected.	.668			
10. I feel like I must be someone other than myself.	.660			
5. I struggle to feel genuine joy or spontaneity.	.641			
1. I often feel as if I am absent from my own life.	.627			
9. I have trouble saying what I truly want from life.	.615			
4. I feel like I have no clear sense of who I am.	.602			
19. I feel confused about which part of me is 'real'.	.601			
6. I often feel like I'm playing a role rather than being my true self.	.596			
2. I feel like something inside me is 'empty' or 'dead'.	.566			
20. I feel as if I co-exist with the image of someone else.		.696		
30. I seek intense experiences to feel connected to myself.		.681		
27. I often engage in extreme actions to feel alive.		.679		
18. I sometimes feel like I'm living someone else's life.		.661		
22. I often feel like an extension of another person.		.628		
16. I feel like there are two separate selves within me.		.565		
17. I often think about myself in the third person.		.532		
28. My creativity sometimes feels like an escape from myself.		.440		
21. My life only feels meaningful in the presence of a specific person.		.431		
25. I feel like my worth depends on how others perceive me.			.736	
26. I constantly feel the need to prove my worth.			.722	
29. I feel a strong urge to appear perfect in others' eyes.			.710	
23. The thought of being left alone terrifies me.			.600	
24. I struggle to make choices without external approval.			.596	
11. I carry guilt without knowing where it comes from.				.739
12. I feel obligated to fulfill someone else's expectations.				.643
7. Expressing my own desires makes me feel guilty.				.642
14. I feel like I have to make up for something that happened before me.				.616
13. I sometimes feel guilty for being alive.				.596
8. I suppress myself to avoid disappointing others.				.582
15. I often live as if I must prove something through my existence.				.509

Table 4: Mann–Whitney U test about differences in SILS scales

	Was there a child born before you, who is dead?	N	Mean Rank	Sum of Ranks
Emotional Derealization and Loss of Authentic Self	Yes	45	170.17	7657.50
	No	233	133.58	31123.50
	Total	278		
Identification Splitting and Substitutive Existence	Yes	45	150.99	6794.50
	No	233	137.28	31986.50
	Total	278		
Dependent Self and Relational Insecurity	Yes	45	160.18	7208.00
	No	233	135.51	31573.00
	Total	278		
Introjected Guilt and Compensatory Identity	Yes	45	165.99	7469.50
	No	233	134.38	31311.50
	Total	278		

Factor 4 is related to Introjected Guilt and Compensatory Identity. This factor captures feelings of survivor guilt and a sense of existential debt. Identity is organized around fulfilling perceived expectations or compensating for a past loss, often through self-sacrifice or overachievement.

These four factors together define the multidimensional structure of the Lifeless Self and support the scale's clinical and theoretical validity.

Given that the data did not follow a normal distribution, non-parametric Mann–Whitney U tests were conducted to examine differences on the four SILS factors between individuals who reported that a sibling had died before their birth and those who did not. The results are shown in Table 4.

A statistically significant difference was found on Dissociative Identity and Emotional Detachment ($U = 3862.50$, $Z = -2.798$, $p = .005$). Participants born after a deceased sibling reported

significantly higher levels of emotional emptiness and dissociation, supporting the theoretical model of symbolic role substitution and unresolved family grief. The significant results were found on Introjected Guilt and Compensatory Identity, the difference was also statistically significant ($U = 4050.50$, $Z = -2.416$, $p = .016$). These participants reported stronger feelings of existential guilt and a need to fulfill implicit expectations—further confirming the compensatory dynamics proposed in the Lifeless Self construct.

Two of the four factors showed statistically significant differences, with the remaining two displaying trends in the expected direction. These results provide empirical support for the Lifeless Self model, particularly its roots in early loss, identification trauma, and the development of a compensatory identity. Further research is warranted to replicate these findings in larger and more diverse samples.

To assess whether different types of familial loss experienced during conscious life (e.g., childhood or adolescence) are associated with the severity of Lifeless Self features, we conducted a Kruskal–Wallis test across subgroups defined by type of loss (no loss, grandparent, parent, sibling). The results are shown in Table 5.

Table 5: Kruskal–Wallis on familial loss.

	Have you direct experience with the loss of a family member in your childhood?	N	Mean Rank
Emotional Derealization and Loss of Authentic Self	No	119	134.61
	Grandparent	115	141.42
	Father	21	146.02
	Mother	11	131.18
	Sibling	12	165.83
	Total	278	
Identification Splitting and Substitutive Existence	No	119	137.13
	Grandparent	115	139.21
	Father	21	145.48
	Mother	11	141.82
	Sibling	12	153.25
	Total	278	
Dependent Self and Relational Insecurity	No	119	140.42
	Grandparent	115	135.25
	Father	21	152.76
	Mother	11	136.86
	Sibling	12	150.33
	Total	278	
Introjected Guilt and Compensatory Identity	No	119	125.51
	Grandparent	115	144.58
	Father	21	162.05
	Mother	11	156.36
	Sibling	12	174.67
	Total	278	

Across all four SILS factors, results showed a consistent pattern that the loss of a sibling was associated with the highest mean ranks, indicating the strongest expression of Lifeless Self

characteristics. The other conclusions are that on Dissociative Identity and Emotional Detachment, individuals who had lost a sibling showed the highest mean rank (165.83), followed by those who lost a father (146.02), with the lowest rank among those who had experienced no loss (134.61). This supports the hypothesis that sibling loss - particularly involving an age-proximal figure - triggers dissociative identity experiences and chronic emotional emptiness. On Identification Splitting and Substitutive Existence, sibling loss (153.25) and paternal loss (145.48) again ranked highest, suggesting that symbolic or unconscious identification with the absent figure is more pronounced when the lost person is psychologically central (parent or sibling). Dependent Self and Fear of Abandonment showed elevated ranks for those who lost a father (152.86) or sibling (150.33), with those without loss scoring the lowest (140.42). This indicates that such losses may contribute to insecure attachment patterns and a heightened need for external validation. Finally, the Introjected Guilt and Compensatory Identity showed the most striking differences. The highest rank was again observed in the sibling-loss group (174.67), followed by paternal (162.05) and maternal loss (156.36). This suggests a powerful dynamic of survivor guilt and compensatory self-formation in those who were, consciously or unconsciously, positioned as substitutes for the deceased.

These findings reveal a graded effect of loss on identity structure: the closer and more central the lost figure, the stronger the Lifeless Self profile. The most severe symptoms were reported by individuals who lost a sibling, supporting the theoretical view that sibling loss represents a high-risk condition for developing dissociative identity, introjected guilt, and compensatory role adoption.

Discussion

The study aimed to conceptualize and empirically validate the construct of the Lifeless Self - a distinct identity pathology hypothesized to arise from early familial bereavement, particularly involving the loss of a sibling. Drawing on clinical theory, psychobiographical cases, and empirical data, the findings strongly support the theoretical model and underline the psychological impact of symbolic role substitution in the development of identity.

The factor analysis of the Self-Identity Lifelessness Scale (SILS) revealed a stable four-factor structure, accounting for nearly 60% of the total variance. The identified dimensions -Emotional Derealization and Loss of Authentic Self, Identification Splitting and Substitutive Existence, Dependent Self and Relational Insecurity, and Introjected Guilt and Compensatory Identity - are both statistically robust and conceptually aligned with the clinical phenomenology observed in cases like Vincent van Gogh and Salvador Dalí. These dimensions reflect the central themes of dissociation, symbolic role adoption, guilt, and identity diffusion that define the Lifeless Self.

Group comparisons based on familial loss variables provided additional validation. Using the Mann–Whitney U test,

participants who reported that a sibling had died before their birth scored significantly higher on Factor 1 (Dissociative Identity and Emotional Detachment) and Factor 4 (Introjected Guilt and Compensatory Identity). These findings support the hypothesis that being born after a deceased child—often implicitly positioned as a “replacement”—is associated with increased emotional alienation and internalized guilt, central features of the Lifeless Self construct.

The Kruskal–Wallis analysis of loss during conscious life further refined these insights. Across all factors, sibling loss consistently emerged as the most psychologically disruptive, followed closely by paternal loss. Participants who had experienced the death of a sibling reported the highest levels of dissociative experiences, identity confusion, and compensatory functioning. This pattern confirms the hypothesis that loss of a psychologically close and developmentally salient figure - particularly a sibling - carries unique risks for identity fragmentation. The results also suggest a gradient effect. The psychological impact of loss increases with the relational centrality of the lost figure.

These findings offer several contributions to clinical and developmental psychology. First, they empirically support the idea that symbolic family roles - especially those shaped by unresolved grief - can have long-term consequences for identity development. Second, the study expands our understanding of identity pathology beyond traditional frameworks like borderline or narcissistic personality structures, by highlighting a syndrome marked not by instability or grandiosity, but by absence, substitution, and internalized mourning.

The SILS presents as a theoretically grounded and psychometrically sound instrument for identifying individuals whose sense of self is shaped by early loss and symbolic role assignment. Clinically, this has implications for differential diagnosis and treatment planning. Individuals with a Lifeless Self profile may not present with overt behavioral dysregulation, yet their identity disturbance and existential distress can be profound and chronic. Interventions should therefore focus on grief processing, symbolic differentiation, and narrative reconstruction of the self, rather than solely on mood or attachment stabilization.

Some limitations should be acknowledged. The sample consisted primarily of university students, which may limit generalizability. Furthermore, the cross-sectional design restricts causal inference. Future research should include clinical populations, longitudinal designs, and explore potential protective factors - such as emotional openness in families or the presence of secure attachment figures - that may mitigate the internalization of the substitute role.

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