Instances and General Ideas: Parts and Wholes, by Thomas Scheff

> Art and science cannot exist but in minutely organized particulars.
>
> William Blake, c.1803–1820

Abstract: One possible direction toward better understanding the human condition may be developing clear definitions of basic ideas. Connecting parts and wholes, as suggested by Spinoza, implies moving back and forth between concrete instances and abstract concepts to enrich our understanding of both particulars and concepts. Perhaps it can also serve as a transitional method between descriptive and systematic studies. The advantage of the part/whole method is illustrated by my difficulties in giving the concept of normalization its rightful part of labeling theory. Most studies focus on either parts or wholes. However, some studies are described that balance between them.

The purpose of both art and science is innovation. Given the state of the world, creativity and innovation seem especially needed in trying to understand human beings and their conduct. One of many difficulties is that better or fuller understanding in this arena usually challenges implicit theories that are simply assumed with little or no thought. Our society runs on ideas that are built not upon creativity, but on "common sense." The problem is that what is taken for common sense is a combination of wisdom and folly. It is mostly part of the assumptive world that is taken for granted by virtually everyone.

For example, in modern societies, most people assume that venting anger is a good idea. A related assumption is that you might as well, since anger can't be controlled. Studies by experimental psychologists have repeatedly demonstrated that the first proposition is not true. These studies show that venting anger usually makes the angry one feel worse. Pop theories confound feeling with behavior. The feeling of anger is internal and controllable: it need not be played out. It can be expressed verbally, for example, informing the other person of one's anger without insulting them. This idea seems obvious once it has been considered, but it goes largely unconsidered in modern societies.

One basic problem with most studies of the human realm is that they do not use clearly defined concepts, but have instead undefined terms for their central concerns (See Watzlawik 2009). The idea of alienation, for example, a key component of sociological theory, is profoundly ambiguous. Schacht (1994) reported that there are at least eight different meanings in the literature. Solidarity (connectedness), the opposite of alienation, is just as ambiguous. Similarly, most studies of alienation are based on scales that are only operational definitions, in the absence of a conceptual one. As Seeman (1975) was the first to show, all of the scales have the same glaring error, confounding multiple dimensions, as does the vernacular term: individual and relational, cognitive and emotional, etc.

The study of self-esteem is a huge field employing some 200 standardized scales. The almost 20k published studies attest to the need for a concept, since predictive validity of the studies is virtually zero. Scheff and Fearon (2004) reported that all of the many reviews of these studies came to that conclusion. We also proposed that like alienation scales, self-esteem scales confound multiple dimensions. Particularly relevant is the confounding of cognitive (self-evaluation) and emotional (self-feeling), the same confound that occurs in the dictionary definitions.

The last example: studies of love that have no conceptual definition. Since most unabridged dictionaries provide about two dozen meanings of the word in English, both the studies and their readers literally don't know what is being discussed. A forthcoming book (Scheff 2010) suggests that solidarity in the sense of connectedness (see below) might be one of the components of genuine love.

Most studies, whether systematic or not, do not define their major terms. Ethnographic and many literary and clinical studies describe particular, concrete parts of social and individual reality in vernacular terms. How does one develop definitions of general concepts? The method of grounded theory (Strauss and Corbin 1998; Boyd and Charmaz 2007) is widely used in qualitative studies. One develops new concepts in a particular realm of study by grounding them to fit concrete examples in that realm. Although this approach is widely used, it has not been extended to developing definitions of general ideas like anger, alienation, self-esteem or love.

How might one expand the range of grounded theory? One way begins with the study that first proposed the idea (Glaser and Strauss 1968). It concerned degrees and types of awareness existing between seriously ill patients and their doctors in a hospital. They provided definitions of degrees of mutuality at two levels: agreement/disagreement and mutual awareness or unawareness of the other person's belief. Four types of awareness structures were proposed, patients who knew that the doctor thought that they were dying, patients who didn't know, and so on. However, the original study and later studies of awareness structures have remained localized to their specific conditions, such as medical context. They have not sought to place the idea in its broadest possible context, all social relationships.

My attempt (Scheff 2008) to provide unitary definitions of alienation and solidarity begins with the Glaser and Strauss idea, but becomes more complex since it utilizes an additional level of mutuality. The third level results in statements such as "I know that you know that I know" (see Butte 2004; Corballis 2007). The resultant model has five degrees of shared awareness. That is, in addition to complete solidarity or alienation, there are three degrees/shapes of discrepant awareness. One of these shapes fits the idea of pluralistic ignorance. Another, false consensus, and another, finally, the dramatic theory of discrepant awareness in comedy and tragedy. This project seeks to extend the idea of awareness structures to all human relationships.

As indicated, the ultimate purpose of abstract concepts is to develop theories that can be tested. However, a transitional methodology may be needed, one that goes further than the grounded theory method toward general concepts, and ultimately general theories.

Parts and Wholes

One such approach is the method implied in what the philosopher of science Spinoza (1632-1677) referred to as "least parts and greatest wholes" (Sacksteder 1991). He thought that human beings were so complex that even to begin to understand them, one would have to move rapidly back and forth between parts and wholes. What he called least parts were descriptions of concrete instances, such as conversations or other specific events or images. What he called "greatest wholes" were abstract concepts and theories.

Perhaps moving back and forth between the parts and wholes can lead to a richer understanding of both the concrete instances and the abstract ideas. The poet-artist William Blake (1757-1827) had a similar idea. He wrote: "Art and science cannot exist but in minutely organized particulars." (c.1803–1820). This extraordinary sentence is hidden in a paragraph-long caption for one of Blake's drawings.

Yet within it is compressed a vast wisdom. For a 21st century echo of the Blake and Spinoza idea about the importance of particulars, see the small book by Dennis Wrong (2008). He doesn't convey, however, the close link between the particulars, the least parts, and the organizing idea, the greatest wholes (abstractions) the way that Blake and Spinoza did. Nor does he offer examples of any particulars to help make his point.

Part/whole methodology may be a path leading toward integrating ideographic and nomothetic methods by serving as a transition between them. However, it needs to work both ways, since in dealing with complexity, we are in constant need of examples to bring out the meaning and implications of abstract concepts, and abstract concepts to bring out the meaning of the examples. The chapters of my 1997 book show the application of this idea to various kinds of research. For example, to make sense of the absence of negotiation meetings immediately prior to the beginning of WWI, I analyzed the text of the telegrams exchanged between the heads of state of Germany, England, and Russia.

Normalization as the Opposite of Labeling

My work on labeling (1966; 1985; 1999) provides an example of what happened when least parts were not sufficiently utilized. After many years of argument, labeling theory was more or less accepted by most sociologists. However, it has had little impact in other disciplines and even less on the public at large. It sought to supplement the medical model of mental illness with a social model. In this model, the idea of symptoms of mental illness was recast as violations of what I called residual rules: social norms so taken for granted that they go without saying and are invisible. To put it much more simply, our society runs sizeable risks by considered multitudinous kinds of unconventionality as symptoms of mental illness.

Both the idea of unstated rules and symptoms as violations of these rules challenge the assumptive world of modern societies. For example, when one is talking to another person, one's gaze should be on the other's eyes, rather than forehead or ear. Yet asking anyone to explain the rules of conversation, the idea of not looking at forehead or ear is taken for granted. That is to say that after all the rules in awareness are named, there is still a universe of other rules that are taken for granted, a huge residue of unconscious rules. This is the territory that Erving Goffman explored in Behavior in Public Places (1964) and many other works.

To find someone that you are addressing looking at your ear would usually be upsetting. We would be apt to think that the person is not merely rude, but in another world than ours. In our society we call that world insanity, but there may be a better approach. People who are labeled as insane are almost certain to be drugged, and in many cases, also segregated and/or rejected.

Labeling theory suggests that a better way might often be normalizing those who break the residual (unstated) rules, rather than labeling, ridiculing or rejecting them. As indicated above, this idea has had little impact in the real world. Perhaps one of the main problems was that I didn't spell out the opposite of labeling, normalization, concretely enough to be understandable. Many examples of labeling were provided, but few of normalization. Here I will provide concrete examples, one fictional, the others factual, to remedy my earlier omissions.

Instances

The film Lars and the Real Girl (Oliver 2007) although a comedy, also teaches a powerful lesson: how a community might manage mental illness without the social side effects ("It

takes a village…"). The crucial moments occur early in the film. Because Lars has been talking to a doll, his brother, Gus, and sister-in-law, Karin, bring him to their family doctor.

Early in the session, the Doctor asks:

> Has Lars been functional, does he go to work, wash, dress himself?

Gus: So far.

Doctor: Has he had any violent episodes?

Karin: Oh no, no never. He's a sweetheart—he never even raises his voice.

> This dialogue establishes limits the film sets to normalizing: able to take care of self, unlikely to harm self or others. However, there are many other limits that must be set in order to avoid enabling. For example, does he take drugs? In the educational context, to be discussed below, the teacher must take care not to reject the student as a person, yet without enabling their mistakes.

Gus: Okay, we got to fix him. Can you fix him?

Doctor Dagmar: I don't know, Gus. I don't believe he's psychotic or schizophrenic. I don't think this is caused by genes or faulty wiring in the brain.

> (Preliminary normalizing statement, rejecting diagnosis)

Gus: So then what the hell is going on then?

Doctor: He appears to have a delusion.

Gus: A delusion? What the hell is he doing with a delusion for Christ's sake?

> (Gus's manner implies that Lars's behavior is unthinkable)

Doctor: You know, this isn't necessarily a bad thing. What we call mental illness isn't always just an illness. It can be a communication, it can be a way to work something out.

(This is the doctor's key normalizing statement: Lars is not abnormal, he is just communicating. This statement brings to bear an entire different language than the medical model)

Gus: Fantastic, when will it be over?

Doctor: When he doesn't need it anymore.

In this fable, Lars has been scripted to find an extraordinarily unconventional doctor. Not prescribing psychdrugs for symptomatic patients now amounts to heresy, or at least is not acceptable practice.

A Normalizing Psychiatrist

I have a friend who is a real life Dr. Dagmar. She left her first and only fulltime job under pressure because she normalized rather than prescribing psychdrugs.

For example, she treated a young man who unable to keep still, complained of restlessness, fidgeted, rocked from foot to foot, and paced. She told him and his employer that he was not mentally ill, but drugged by the antidepressant he was taking (Prozac), which proved to be correct. Lest this instance seem too obvious, I know of many similar cases where the presiding physician decided that the problem was not too much drug, but too little. A vast difference of outlook separates the great majority of labeling physicians from the few normalizing ones.

My friend (I will call her Dr. D) has had nothing but trouble from the establishment because of her normalizing approach. Seven years after leaving her fulltime job, she has been unable to find a permanent position as a psychiatrist, even though she is recognized as an authority in her psychiatric specialty. (If anyone knows of a job for a normalizing psychiatrist, please let me know.)

A much more likely response to Lars in real life would have been for the doctor to say: "OK. Let's start him on an anti-psychotic medication, since we don't want his symptoms to get worse." If Karin had said, "But what about side effects? Aren't they sometimes more dangerous than the illness?" The doctor: "Karin, I'm sure you realize that he could become much more ill, or even violent."

For drama and comedy, the film enlists the whole community to help Lars. But in real life, perhaps fewer people would be needed; even one person might be enough. Jay Neugeboren (1999) investigated many cases in which there was great improvement or complete recovery from what had been diagnosed as "serious mental illness." The common thread he found was that at least one person treated the afflicted one with respect, sticking by him or her through thick or thin.

My startled response to these concrete instances suggests that until examining them, I didn't understand the non-labeling half of my own theory. I hadn't realized that in the actual dialogue, in order to normalize suspect behavior, the authority must specifically translate the discourse out of the labeling mode and into the normalizing mode, and be prepared to accept the consequences from the world of automatic labeling. In the fictional case, the doctor said, in effect, you are not mentally ill, you are just communicating. In the real case, the psychiatrist said, you are not mentally ill, you are just drugged. It seems to me now that these concrete instances were needed in order for me to develop the theory and its recommendations for practice, as indicated in the next section.

Inadvertent Normalization

It is ironic that because I didn't understand the actual look of normalization, I didn't recognize it occurring in my next study. At the time that my book was being first published (1966), I observed a series of very brief recoveries from depression. As a visiting researcher at Shenley Hospital (UK) in 1965, I was present for all intake interviews of male patients for 6 months: 83 patients in all. Of this number 70 patients were sixty or older.

The comments that follow concern the older men. Every one of them presented as deeply depressed in their speech and manner. However, to my surprise, there were moments in some

of the interviews that seemed miracles of recovery. It took many years for me to understand what I had observed in terms of labeling theory.

Many of the patients were virtually silent, or gave one-word answers. Long before I came, some of the interviewing psychiatrists had found a way of getting more response to their questions. In the interviews I observed, 41 of the patients were asked about their activity during WWII. For 20 of those asked this question, the responses shocked me. As they begin to describe their activities during the war, their behavior and appearance underwent a transformation.

Those who changed in the greatest degree sat up, raised their voice to a normal level instead of whispering, held their head up and looked directly at the psychiatrist, usually for the first time in the interview. The speed of their speech picked up, often to a normal rate, and became clear and coherent, virtually free of long pauses. Their facial expression became lively and showed more color. Each of them seemed like a different, younger, person. The self-blame that was a feature of many of the interviews disappeared.

The majority changed to a lesser extent, but in the same direction. I witnessed 20 awakenings, some very pronounced, however temporary. The psychiatrists told me that they had seen it happen many times. After witnessing the phenomenon many times, like the psychiatrists, I also lost interest.

Shame and Normalizing

Many years later, because of my work on shame, I proposed an explanation (2001) of depression: it involves the complete repression of painful emotions (such as shame, grief, fear, and anger), and lack of a single secure bond. The memory of the patients' earlier acceptance as valued members of a nation at war relived the feeling of acceptance. This feeling generated pride that counteracted the shame part of their depression. I argue that although other emotions are also repressed in depression, shame is the ruling emotion because it is also applied to the expression of the other emotions, such as grief, fear, and anger.

Telling the psychiatrist about belonging to a community during WWII had been enough to remove, however temporarily, the shame of being outcasts. Conveying to the psychiatrist that "once we were kings," had momentarily relieved their shame and therefore their depressive mood.

When the psychiatrists asked the depressed outcast men about their experience during WWII, they were inadvertently normalizing the patients, returning them, for just a few moments, to what it felt like to be an accepted member of society, rather than labeled and rejected. My recent article on depression (2009) explained some of the implications for social, rather than medical treatment of mental illness.

However, because I had not used enough concrete instances in my theory, I still had not recognized the way the psychiatrists' question could be interpreted in terms of labeling theory. The psychiatrists' intentions were to continue to label the patients: "You are mentally ill, so I need more information to assist me with your diagnosis." However, twenty of the patients understood the meaning as normalizing:"Perhaps you are not mentally ill if you were ever accepted even once as a valuable member of a community." Perhaps a long-term therapy based on this and other social ideas might lead to more than just temporary recoveries.

Having recognized normalizing from these concrete instances, I realized that there were many others that I had not understood in these terms. For example, a half-way house that students organized one summer for ten street people, most of whom were either delusional or hallucinating, was extraordinarily successful (Scheff 2007, 92-95) All ten either recovered or had taken steps in that direction. At the time I had thought that the specific therapies the students

used had been effective (such as co-counseling), but now I think that it was mostly normalization.

Studies that Balance Parts and Wholes

It is easy enough to find approaches that focus almost entirely on either parts or wholes. The disciplines of history and linguistics, and the sub-discipline of ethnography are based largely on particulars that are seldom organized by relating them to general concepts. The work of the brilliant founder of Conversation Analysis, Harvey Sachs, provides an example. The concepts generated by his precise studies of dialogue are at a very low level of generality, tending to be limited to the local organization of the dialogue itself, with little reference to the motives of the participants, the social relationship between them, or the relation of the dialogue to the social structure within which it occurred.

Similarly, there is no dearth of studies in which there are few if any particulars. Durkheim's study of suicide, which formed the basis for modern sociology, is an example. It is based not on specific moments of human behavior, but on numerical rates of suicides by religious membership, region and nation. Most systematic studies in current social and behavioral science follow this pattern, using standardized scales or questionnaires that avoid any particulars of the subjects' responses.

Another approach that avoids examining particulars can be found most clearly in the discipline of philosophy. These studies tend to be given over to abstract discussions of an abstract topic, and abstract discussions of other abstract discussions of that topic. More than just a hint of this approach can also be found in the discipline of economics.

The novelist Milan Kundera makes the point about particulars tellingly:

> Try to reconstruct a dialogue from your own life, the dialogue of a quarrel or a dialogue of love. The most precious, the most important situations are utterly gone. Their abstract sense remains (I took this point of view, he took that one. I was aggressive, he was defensive), perhaps a detail or two. but the acousticovisual concreteness of the situation in all its continuity is lost….
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> The present—the concreteness of the present—as a phenomenon to consider, as a *structure*, is for us an unknown planet: so we can neither hold on to it in our memory nor reconstruct it through imagination… (Kundera 1995)

Kundera goes on to say that only the greatest of poets and novelists are able to notice, remember, and use particular moments. My earlier article on To the Lighthouse (2000) entertains this idea. It further considers a well-known incident ("the brown stocking") with two adjacent moments in the far-ranging thoughts of the protagonist that takes Woolf many pages to describe. If studies of the human condition are to be more than a collection of superficial or untestable ideas, they must be grounded in such images.

There are several outstanding studies that manage to propose general ideas by close examination of particulars. Because I am most familiar with studies of emotion, three of the five exemplary studies come from that literature. The first is by the psychologist Helen Block Lewis (1971). For her study of emotions in psychotherapy sessions, she applied a systematic technique (Gottschalk et al, 1969.) that classified vernacular words that imply emotions. (For example, the expressions annoyed, irritated and "pissed off" imply anger). Perhaps because she was surprised to find that shame/embarrassment indications were more frequent in the sessions than all the other emotions combined, she examined each of the moments where shame was indicated.

This step took her into the contextual particulars of each episode. Her book provides examples of word by word changes in emotions, such as the interaction between anger and shame, and shame and withdrawal into silence. She found that not only was shame by far the most plentiful emotional response, but also that the patient or the therapist referred to it only rarely. In this way she developed the concept of unacknowledged shame as a cause of confusion, conflict or withdrawal.

A second example is provided by Elias's analysis of the "civilizing process" (1939), using quotes from a large number of advice manuals as his particulars. He traced changes in advice offered in the onset of modern urban/industrial civilization. Like Weber, Elias gave prominence to the development of rationality and the control of violence. Unlike Weber, however, he gives equal prominence to changes in the threshold of emotions: "No less characteristic of a civilizing process than `rationalization' is the peculiar molding of the drive economy that we call `shame' and `repugnance' or `embarrassment' " (1982: 292).

The range of this study is extraordinarily broad both in the number of cultures compared and its historical dimension. Using excerpts from manuals of etiquette in five European languages from the Middle Ages to the nineteenth century, Elias outlined a theory of modernity. By examining advice concerning table manners, body functions, sexuality, and anger, he suggested that a key aspect of modernity involves shame. Elias's central thesis was that decreasing shame thresholds at the time of the breakup of rural communities, and decreasing acknowledgment of shame, have had powerful consequences on levels of awareness and self-control.

The work of Erving Goffman provides a case also, although Goffman was not always completely clear on the general meanings implied by the particulars that he examined. Nor were his choice of these particulars systematic, but seemingly chosen at random from a wide variety of sources. One of Goffman's general ideas, the way in which we spend a great deal of our time imagining what others are thinking, especially what they are thinking of us, will be used to illustrate his use of particulars to make a general point about the way selves are organized: the looking glass self.

Cooley stated that "we live in the minds of others without knowing it", but failed to give concrete examples of specific episodes. Goffman provided many, many examples:

> Knowing that his audiences are capable of forming bad impressions of him [1], the individual may come to feel ashamed [2] of a well-intentioned honest act merely because the context of its performance provides false impressions that are bad. Feeling this unwarranted shame, he may feel that his feelings can be seen [3]; feeling that he is thus seen, he may feel that his appearance confirms [4] these false conclusions concerning him. He may then add to the precariousness of his position by engaging in just those defensive maneuvers that he would employ were he really guilty. In this way it is possible for all of us to become fleetingly for ourselves the worst person we can imagine that others might imagine us to be. (1959, p. 236, numbering added)

In this paragraph, Goffman suggested 4 internal steps, three of which involve living in the mind of the other. These 4 steps could all together easily occur in less than a second. Perhaps it was examples like these that lead Bourdieu (1983) to call Goffman "the discoverer of the infinitely small." One of the things that is minute about Goffman's particulars like this one is the time scale of his instances: quarters of a second in this example.

Another example of balance is the study of marital quarrels by Retzinger (1991). She analyzed films of quarrels recorded by four couples, second by second, noting not only the words but also gestures (such as facial expression) and manner (paralanguage). This mode of analysis involves inspection of many megabites of information for a single moment in a quarrel. Retzinger's particulars are by far the most minute of the studies described here, and closest, therefore, to Kundera's kind of moments.

Her study attempted to find causes for the 16 escalations of anger and aggression that occurred in the quarrels. She found that each instance was preceded by an insult that was not acknowledged by the insulted party. She proposes that in these instances, unacknowledged shame lead to anger and aggression.

The final study generated a new theory of repression by closely examining Freud's writing about his cases, and his own private letters. Based on his analysis of these particulars, Billig (1999) proposed that repression as caused by social practices. Practices (such as changing the subject) that ignore, mask or avoid feelings that are thought to be unseemly, such as anger and sexuality, if repeated often enough, cause repression. This theory would seem to be important because psychoanalytic theory provides little explanation.

Conclusion

A part/whole methodology, as implied by Spinoza and Blake, can at least serve to increase our understanding of both instances and concepts. This report has described how the use of minute particulars in a single instance helped recognize some unstated implications of labeling theory. A list of studies that found balance between parts and wholes was reviewed. Rapidly cycling back and forth between instances and abstract concepts, giving each its due, may also help to integrate descriptive and scientific methods

References

Billig, Michael. 1999. Freudian Repression. Cambridge: Cambridge University Press.

Blake, William. 1803-1820. Jerusalem, Ch. 3, plate 55, line 60.

Bourdieu, Pierre. 1983. Erving Goffman: Discoverer of the Infinitely Small. Theory, Culture and Society, 2, 1. 112-119.

Butte, George. 2004. I Know that You Know that I Know. Columbus: Ohio State U. Press

Corballis, Michael. 2007. The uniqueness of human recursive thinking. American Scientist 95, May-June, 240-248.

Charmaz, Kathy, and Anthony Boyd. 2007 Sage Handbook of Grounded Theory. London: Sage.

Elias, Norbert. 1994. The Civilizing Process. London: Blackwell (1939).

Giddens, Anthony (1984. The Constitution of Society. Outline of the Theory of Structuration. Cambridge: Polity

Glaser, Barney, and Anselm Strauss. 1968. The Discovery of Grounded Theory. Chicago: Aldine

Goffman, E. 1959. Presentation of Self in Everyday Life. New York: Anchor.

_____1964. Behavior in Public Places. New York: Free Press.

Gottschalk, Lewis, C. Winget, and G. Gleser. 1969. Manual for a Content Analysis Scale.

Berkeley: University of California Press.

Oliver, Nancy. 2007. Lars and the Real Girl, 2007. Directed by Craig Gillespie. Cast: Ryan Gosling, Patricia Clarkson, Emily Mortimer, Kelli Garner, and Paul Schneider

Lewis, Helen B. 1971. Shame and Guilt in Neurosis. New York: International University Press.

Retzinger, Suzanne. 1991. Violent Emotions. Newbury Park, CA: Sage

Sacksteder, W. 1991. Least Parts and Greatest Wholes: Variations on a Theme in Spinoza. International Studies in Philosophy. 23, 1, 75-87.

Schacht, Richard. 1994. The Future of Alienation. Urbana: U. of Illinois Press.

Scheff, Thomas. 1966; 1989; 1999. Being Mentally Ill. Hawthorne, New York: Aldine Transaction.

_____1997. Emotions, the Social Bond, and Human Reality: Part/Whole Analysis. Cambridge: Cambridge University Press

_____2000. Multipersonal Dialogue in Consciousness: An Incident in To the Lighthouse. Journal of Consciousness Studies. 2000. 7: 3-19.

_____2001. Social Components in Depression. Psychiatry. 64, 3, 212-224. Fall

_____2007. Easy Rider: Poems, Essays, Memoir. Lincoln, Nebraska: iUniverse.

_____2008. Awareness Structures: Defining Alienation/Solidarity. Journal of Power, 1, 3, 237-251.

_____2009. A Social Theory and Treatment of Depression. Journal of Ethical and Human Psychiatry 11, 1, 37-49

Scheff, Thomas and David Fearon. 2004. Social and Emotional Components in Self-Esteem. Journal of the Theory of Social Behavior. 34: 73-90

Seeman, Melvin. 1975. Alienation Studies. Annual Review of Sociology 1: 91-124.

Strauss, Anselm and Corbin, Juliet. 1998. Basics of qualitative research: techniques and procedures for developing grounded theory Thousand Oaks: Sage Publications

Watzlawik, Meike. 2009. Commentary: About the Danger of Relying on Common Vocabulary. Culture & Psychology, 15, 4, 561-566.

Wrong, Dennis. 2005. The Persistence of the Particular. New Brunswick: Transaction

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