Self-Image-Incongruence Theory of Individual Health

by Denis Rancourt / October 26th, 2014

Here, I propose a unifying model of individual health.[1] My other exploratory reports about the causes of ill-health are many.[2],[3],[4],[5],[6],[7],[8],[9]

Introductory background: Dominance-aggression-stress model of individual health

One of the most satisfying and penetrating models of individual health in animal communities is the model that can be said to have been clearly described in Sapolsky's 2005 review.[10] In this model — supported by behavioral observations, bio-chemical measurements, physiological evaluations, and correlational studies — dominance-hierarchy stress on a low-stratum individual directly affects the immune system, which makes the individual more susceptible to ill-health from infections, cancer, and hearth and other diseases.

A compelling body of work in this area has shown a direct link between being subjected to acts of dominance aggression and a negative impact on the individual's immune system, as measured by blood bio-chemical markers. Thus, in human populations, socioeconomic status is found to be the dominant predictor of individual health, far outranking differences of access to resources or differences in lifestyle. (This is contrary to the mainstream policy mantras about healthy lifestyles and healthy consumer choices. These public policy proscriptions do not survive scientific scrutiny.)

There is also a wide spectrum of individual-to-individual immune-system responses (or negative health consequences) for the same degree of dominance aggression. This large variability is inferred from the data to occur from "psychosocial factors" related to the individual's own perception or feeling of self-worth ("feeling poor"); and, again, is shown to not be due to differences of access to resources or to differences in lifestyle.[10]

For example, low-strata individuals in more stratified societies (with larger income inequalities) are less healthy than low-strata individuals in less stratified societies, *for the same access to resources and services*.

Overall, these findings led researchers to propose that the individual's status in the dominance hierarchy of the society is the dominant health determinant — via the metabolic immune-system's response to stressors — but that the impact on the particular individual's health is also heavily modulated by that individual's "perception" of his/her/its social status or feeling of self-worth.

In summary, the above-described "dominance-aggression-stress model of individual health" proposes that individual health is predicted by a kind of "product" (O*P) of the objective social status (O) of the individual and

the subjective (or perceived) social status (P) of the individual, in the dominance hierarchy.[11]

Weakness of the dominance-aggression-stress model of individual health

Despite its basis in observations and its unifying capacity, the dominance-aggression-stress model suffers from conceptual difficulties, from a deficit of theoretical elegance.

If "O" alone is not determinant of individual health, then why should we believe that it is the actual physical and circumstantial events of dominance aggression against the individual that directly cause the stress and immune-system consequences? After all, "stress" is an internal metabolic reaction that does not follow a simple causal law, as does a reflex.

Likewise, if perceived status (P) is an important — sometimes dominant — modulating factor, then is that not simply too much of an arbitrary "fudge factor", in that "perception" itself is a complex phenomenon modulated by the individual's entire history and current physiological state, and by situational illusions?

Furthermore, "P" cannot be measured because it is subjective and not separately quantifiable, thus making the model untestable, a most undesirable feature of any model.

Proposed self-image-incongruence model of individual health

Here is an alternative model, which is also consistent with all the data. This model is based on a more holistic psychological model of the individual, and avoids the requirement for a product of factors in defining the final (dominant) determinant of individual health.

For the sake of clear exposition, I start by postulating without proof that an individual animal in a dominance hierarchy is constantly preoccupied with self-evaluation of its status within the dominance hierarchy; that is, preoccupied with its self-image that is predominantly about how it is recognized by others and its place "in the world".

I postulate that this is a continuous and consuming activity, and that the individual animal is predominantly concerned with evaluating and securing its status in the society, a status which is necessarily changing — as individuals age, as power alliances evolve, as mating targets change, as the habitat changes, and so on.

The individual's self-image must largely concur with the evolving reality, as a question of survival. "Consciousness" itself is largely a project of maintaining awareness of status. The "Ego" requires constant attention, and consumes a large fraction of the individual's metabolic energy. (In humans, the brain consumes approximately 20% of metabolic energy, although it comprises only some 2% of body mass.)

As long, as the individual's self-image is consistent with the reality of the individual's place within the society's dominance hierarchy, and as long as the self-image adapts to the changing circumstances, things are fine. The individual has assigned-and-acknowledged purpose and meaning.

The problem (leading to deleterious health consequences) occurs when there is an identity incongruence that cannot easily be internally or externally resolved. Something changes: a "life-changing" event occurs that throws the individual into a "self-image crisis".

Such events are frequent and varied in intensity. There is a full spectrum of possible events that range from requiring only minor adjustments in self-image, or that cause minor identity incongruences that can be overlooked,

to events that throw the individual into a debilitating self-image or identity crisis.

Examples of events on the spectrum of "life-changing" events include:

- having one's expressed position or belief challenged, when that is usually infrequent
- being made fun of at work, when that is not the norm
- being reprimanded by a supervisor, when that is usually infrequent
- being socially mobbed as undesirable, as a new development
- being disproportionately targeted by authorities (such as a well-meaning and unintentional whistleblower)
- being "unfairly" treated by an institution, when one expects fair treatment
- loosing one's family status (due to a birth, or divorce, and so on)
- losing one's middle-class status
- losing one's working-class status
- losing one's citizen status
- being shunned and expelled from one's religious community
- being criminalized, when that possibility was not likely

When such events occur that cause incongruence between self-image and reality, there is a primal psycho-metabolic reaction, there is "stress", and the individual's primary task becomes to resolve the (micro or macro) identity crisis.

The resolution can be external. That is, the resolution can be achieved through the individual's actions to change the external circumstances, to change the world.

To the degree that action is possible, undertaken, and successful, the deleterious effects on health are minimized. The individual will typically seek to reestablish his/her status, without overhauling his/her self-image, for which there would be a tremendous cost.

Regarding the said cost, "depression" and "burnout" may, in many cases, be the required meltdowns that accompany overhauling one's self-image, in the face of impossibility to achieve successful action to change the world. As such, a given depression can be successful or it can be a failure. It is successful if a satisfactory new self-image is achieved that is consistent with the individual's new reality. (In this model, clearly, medicating-away the symptoms of depression — by self-medicating or via medical-establishment prescriptions — is the worst possible avenue for the individual.)

The actions used by the individual to attempt to reestablish identity congruence can include:

- arguing with one's critic, or attempting to intimidate critics
- avoiding critics, and avoiding groups that include critics
- taking recourse against abusers, or against unfair supervisors
- changing one's behaviours in attempts to secure acceptance
- attacking the ring-leaders of mobbing groups
- seeking support from new circles, and outside associations
- going to the next level in the hierarchy to seek redress
- seeking the help of a different institution, such as an ombudsman or an elected official
- creating a new family
- seeking re-employment

- joining a new religion, or community, or sect, or gang
- voluntary isolation and evasion or avoidance, including using psycho-active substances and repulsive behaviours
- suicide

During the entire identity or self-image incongruence crisis, the individual is suffering the most impact to its immune system and is most vulnerable to negative health consequences, including coronary heart disease and cancer, the two predominant causes of death in First World nations. Coronary heart disease, infectious diseases and pulmonary infections are the dominant causes of death in Third World countries. For all the dominant causes of death, immune system response is the main protection.

During the entire self-image incongruence crisis, the individual's metabolic thrust and energy is dedicated to resolving the crisis. There is an existential imbalance of the highest order. The resulting "stress" can be fruitfully turned to action, or the action can be thwarted or ineffective. In the case of prevented or failed actions, the "stress" from the self-image incongruence does not dissipate, and suppression of the immune system lingers until the identity crisis is resolved, one way or another.

These are the circumstances — prolonged and unresolved self-image incongruence — that create the most devastating consequences on individual health, not to mention individual spirit and morale.

Thus, I propose that the stress of self-image incongruence affects the immune system directly and is the principle cause of ill-health of the individual. In particular, a self-image-incongruence crisis — brought on by a dramatic change in the individual's social status and that is not successfully being resolved by action — is all-consuming and throws the individual into a state of high vulnerability to infections, disease, and self-destruction.

Evasive tactics of escapism maintain the crisis, and ill-health itself provides a further barrier to attempting corrective actions. There is a steady-state of precariousness, or a downward spiral towards hospitalization and death, if the crisis is not resolved. Resolution can involve the demanding process of overhauling self-image, possibly aided by a depression "of passage".

I my model, therefore, it is not the dominance aggressions in themselves that cause immune system weakening, but rather dominance aggressions representing or accompanying a loss of social status of the aggressed individual, relative to its self-image of its social status, that cannot easily be resolved. Thus, the observed correlations in animal studies between biochemically measured stress levels and social rank arises because lower-rank animals are more subjected to challenges to their rank and privileges, and less able to resolve these challenges. Lower-rank animals are more often reminded by dominance aggression that they do not have the priviledges that they see themselves having, and are less equipped to do something about it.

Indeed, for example, my proposal naturally explains why high-rank individuals often also suffer from high stress levels objectively measured by biochemical and physiological indicators:

> In some cases, it is dominant individuals who show this profile. This includes species where dominant individuals have to repeatedly and physically reassert their rank (e.g., feral populations of dwarf mongooses, African wild dogs, female ring-tailed lemurs, and male chimpanzees) (12, 13, 39); those that are cooperative breeders (feral wolves and captive marmosets and tamarins) (16, 21); and those with transient periods of major rank instability (feral baboons and captive populations of talapoin, squirrel, and rhesus monkeys) (22).[10]

In other words, having to "repeatedly assert rank" is stressful whether the individual is in a high rank or a low rank. In both cases, the dominance-hierarchy aggression challenges the congruence between self-image about social status and actual social status. Of course, a high-rank individual will have more possible avenues of effective action to resolve the said incongruence, thus contributing to preserving the correlation between rank and health.

From the perspective of species survival, the individual suffering from a debilitating identity crisis may as well die. One could argue that from an evolutionary standpoint the downward spiral that can lead to the individual's death is a mechanism to rid the community of a burden. It is also possible that depression and temporary illnesses are tools developed through evolution to help repair massive identity crises, to bring the individual back into the fold.

As an aside, in human societies, my model implies that mass media and institutional indoctrination which set high societal status expectations can induce increased self-image incongruence, thereby reducing public health. If "comparison with the Jones" is amplified by mass media, including advertizing and the entertainment industry, then self-image incongruence can be created en masse and the health consequences can take on epidemic proportions.

Conclusion

If we accept that conscious living beings rely on self-image about social status and place in the world for decision making in view of survival and reproduction, then this self-image must be maintained in order to be dynamically congruent with the changing world, and with any changes in social status of the individual.

Furthermore, self-image must be strongly imbedded onto the individual because it is necessary for decision making and because identity must be quasi-permanent to ensure continuity of the communal structure. Perpetuated or stable self-image of the individual is necessary for any stable social structure.

Likewise, normal development must include development of a strong self-image congruent with reality, or the individual will suffer a constant background identity crisis that will impede its health and its integration in the dominance hierarchy, until development is achieved.

Thus, a crisis of self-image congruency (induced by a major change in social environment) is a major episode affecting the individual at a deep and all-consuming psycho-metabolic level. Such a crisis must be resolved. Otherwise, the individual is effectively paralyzed by having lost its internal decisional reference.

I have proposed that individual health is determined by self-image congruency, rather than the life aggressions themselves in a dominance hierarchy, and that intensity and duration of self-image incongruency — intensity of the identity crisis — is the overriding risk factor for succumbing to ill-health and death.

My model places personal psychology as the dominant ingredient of the health sphere, and is anchored on known impacts of experienced stress on the immune system.

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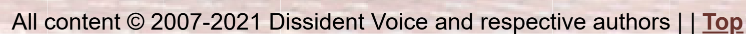
1. I have greatly benefited from interactions with graduate research students working in the area of public health theory. With one student, I had the benefit of discussions about her data from voluntary research participants, and its interpretation. [↩]
2. Rancourt, Denis G., Two Authors that Medical Schools Avoid, *Activist Teacher*, September 22, 2013. [↩]
3. Rancourt, Denis G., Do medical doctors improve health?, *Activist Teacher*, September 9, 2013. [↩]
4. Rancourt, Denis G., On the individual psychology of food: Against calorie management, *Activist Teacher*, August 30, 2012. [↩]
5. Rancourt, Denis G., A Theory of Chronic Pain — A social and evolutionary theory of human disease and chronic pain, *Dissident Voice*, December 26, 2011. [↩]
6. Rancourt, Denis G., Why should I trust a doctor with my body?, Activist Teacher, November 24, 2011. [↩]
7. Rancourt, Denis G., Is establishment medicine an injurious scam?, *Activist Teacher*, November 21, 2011. [↩]
8. Rancourt, Denis G., On the sociology of medical meta-science: Exposing the Truth supports the Lie, *Activist Teacher*, November 16, 2011. [↩]

9. Rancourt, Denis G., Anti-smoking culture is harmful to health – On the truth problem of public health management, *Activist Teacher*, April 5, 2011. [↩]
10. Sapolsky, Robert M., The Influence of Social Hierarchy on Primate Health, *Science* 29 April 2005: Vol. 308 no. 5722 p. 648-652, DOI: 10.1126/science.1106477 [↩] [↩] [↩]
11. Mathematically, one can visualize this as the function of dominance-aggression intensity versus time "convoluted" with the function of perception response to the dominance-aggression events versus time, with the convolution function integrated over the life-time of the individual to produce the final individual health determinant factor, or individual's "health state" at present (at time to which the integration is performed). [↩]

Denis G. Rancourt is a former tenured full professor of physics at the University of Ottawa, Canada. He is a researcher for the Ontario Civil Liberties Association. He has published more than 100 articles in leading scientific journals, on physics and environmental science. He is the author of the book Hierarchy and Free Expression in the Fight Against Racism. *Denis can be reached at denis.rancourt@gmail.com. Read other articles by Denis.*

This article was posted on Sunday, October 26th, 2014 at 10:50pm and is filed under Classism, Health/Medical, Psychology/Psychiatry.



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