
THE SOCIOLOGICAL PROMISE OF BRIDGING MIND, BODY AND SOCIETY

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This inaugural issue of *The Rutgers Journal of Sociology*, focusing on the theme of Mind, Body, and Society, is a welcome addition to a critical, emerging area of sociological inquiry and demonstrates the importance of an *intersectional* approach to the study of mind, body, and the social environment. Engaging in a sociology of mind and body demands attention to the complexity of social life that is experienced through and shaped by social structures, physical embodiment, and emotional/cognitive processes; can draw from and use the entire range of sociological tools, including experimental designs, quantitative analyses, ethnography, qualitative interviews, and historical research; and encompasses a wide range of sub-areas in sociology, including cultural sociology, cognitive sociology, sociology of gender and sexuality, and medical sociology.

Engaging in the sociology of mind, body, and society enables sociologists to rethink perennial questions in our field. Take agency as only one example. Scholars who seriously grapple with the questions raised by cognitive studies, neuroscience, and embodiment would not mistake agency as the sole province of the mind. Instead, the sociology of mind, body, and society refocuses attention on the tangibility and embodiment of agency, as well as on the socially prescribed facilitators of, and constraints on, agency. For example, being agentic can be directly read onto the body through ornamentation (e.g., tattoos, piercing), or indirectly through physical and mental health statuses associated with power and autonomy (which positively

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affects health) or the stress and strain of responsibility (which negatively affects health).

Furthermore, agency—and the embodiment of agency—is shaped by social structures and social norms. This is true in our everyday lives. For example, mundane negotiations with our partners over physical tasks (e.g., cooking dinner, childcare, sex) are inevitably structured by the stresses incurred from economic instability, wage inequity, and gender norms. But bodies can become intensely powerful agentic spaces for challenging power structures as well. One need not look any further than recent events across the Middle East to see how agency (of those in official power and those with the power of the populace) is directly affected by the local, regional, and international milieu. A Tunisian man's self-immolation, in which he dramatically presented his will in bodily form, inspired a revolution in his country and imitative protests across the region. Egyptian protestors, emboldened by the success of the Tunisian revolution, made their will known by putting their bodies in harm's way and camping out in Tahrir Square. The agency of the protestors embedded in these contexts was experienced by mind and body—through depression, joy, triumph, pain, dismemberment, and death. In short, focusing on the intersectionality of mind, body, and society offers the possibility of a more holistic, sociologically informed analysis of agency.

Sociological approaches to the mind, body, and society can take a number of forms and approaches. We now discuss our own research to illustrate some of the ongoing work being produced by serious attention to this area.

Mind, Body, and Society: Migraine (Kempner)

In describing my work, I draw on my research on migraine to discuss the ways in which new neurobiological research has altered the cultural meanings of diseases that exist at the intersection of mind, body and society. The mind is increasingly understood and treated as an emergent feature of the brain, a development that promises to legitimate conditions that were previously understood to be mental in origin. Migraine confounds the Cartesian separation of mind and body, bringing into question what constitutes "real" versus "unreal" and threatening the

legitimacy of both the disorder and the moral and psychological integrity of the people who have it. Until recently, migraine was understood to be a psychosomatic condition, affecting neurotic men and women who worried needlessly about their privileged lives. I ask whether a new neurobiological paradigm for migraine has enabled medicine to produce a causal model for migraine that places less blame on the individual's moral character. The short answer is no. While new migraine medicine attributes the condition to a dysfunction of the brain rather than to a disordered psyche, the new "migraine brain" maintains all the same gendered and classed character flaws as the migraine personality that it replaces. Like the old model, the migraine brain is hypersensitive, demanding, and high-maintenance. The only difference is that these character flaws have been reduced from the level of the psyche to the level of the neuron.

People often hope that new neurobiological models for mental illness will help legitimate and destigmatize these conditions, in part by alleviating sufferers' sense of personal responsibility, which was endemic in psychosomatic models of disease. But this research suggests that this might not be the case. Neurobiological models risk reinventing and rearticulating the same cultural stereotypes and hierarchies that they purport to replace.

Mind, Body, and Society: Masculinity and Health (Springer)

In this description of my work, I draw from my research on masculinity ideals and health outcomes to highlight the new and exciting possibilities of incorporating direct biological measurement into sociological inquiry into mind, body, and society. My research on the intersection of mind, body, and society focuses on understanding the real, physical, health effects of the psychological internalization of gendered ideals. Specifically, I use quantitative analyses of existing datasets to explore how socially prescribed hegemonic masculinity ideals influence the health of aging men. The results indicate that the disjuncture of the male breadwinning social ideal and the lived reality of wives' higher earnings lead to poorer health for men—especially among upper-class men who have the strongest expectation of male breadwinning. Further, older men who strongly believe in socially defined

hegemonic masculinity ideals are significantly less likely to get recommended preventive health care compared to men without these strong masculinity beliefs.

The findings from this masculinity research suggest a mechanism whereby men embody the psychological/cognitive distress associated with failing to meet socially defined and expected ideals. However, this research provides only *suggestive* evidence of the pathway connecting mind, body, and society. Fortunately, recent low-cost and minimally invasive biological collection techniques provide unprecedented opportunities for directly measuring the embodiment of psychological distress and social structures, and point to one of the new and burgeoning areas of mind, body, and society. For example, physiological stress hormones such as cortisol are sensitive to acute stressors, and prior research has also demonstrated that chronic exposure to cortisol activation is harmful for health. Future research on masculinity could measure a man's cortisol response to the cognitive disconnect of having strong masculinity ideals but receiving experimentally manipulated reports of low scores on masculinity assessments. These types of experimental designs can help trace the actual mechanisms tying together the mind, body, and society.

In closing, we are delighted to briefly introduce this inaugural issue of *RJS*. The Mind, Body, and Society theme is a critical and emerging area in sociological inquiry, and the refreshing diversity of review articles in *RJS* is an exciting next step in advancing this important area of research.