



Book Review

Heridos corazones. Vulnerabilidad coronaria en varones y mujeres [Broken hearts: Cardiac risk in men & women]

By Débora Tajer
Editorial Paidós, 2009
Reviewed by Sara Yaneth Fernández Moreno



Almost half of all deaths in Argentina are due to cerebrovascular and ischemic heart disease. Starting from this statistic, Dr. Tajer sets out to analyze the gender differences and gender-specific characteristics of cardiovascular disease. Along the way she visits a variety of disciplines: epidemiology, physiology, pathology, psychology, sociology, institutional analysis, and analysis of cultural discourse. She works carefully to present ideas which span all these disciplines. As a specialist in gender and an activist in Latin American collective health, Dr. Tajer builds on years of expertise gained at her clinical practice and highlights what has been a problematic aspect of cardiovascular disease,

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namely the difference between men and women. Her approach is based on the conviction that cardiovascular risk is not a single phenomenon. Rather, risk has specific features in women and others in men. Within each gender there are also differences based on social group.

Dr. Tajer's book brings together a critical review of the existing literature in the fields of clinical cardiology, psychoanalysis, and social epidemiology, enriched with interviews of professionals representing different schools of thought, genders, and generations, who discuss their views on the issue and how they address it in their day-to-day work. This background allows Dr. Tajer to identify current impasses and to suggest necessary dialogues—many of them hardly begun—between the various disciplines that deal with the sub-

ject.

The gender-conscious, community health approach to cardiovascular disease adopted by the author leads her to emphasize that one of the most important consequences of ignoring gender differences is that women—even those at high risk—either don't recognize it or underreport it. The reason lies in the deeply rooted idea that cardiac disease is a male problem. To make this point, the book rigorously sets out how the features of contemporary women's daily lives and their subjective experiences have created a specifically female profile of cardiac risk.

The author's review of psychosocial risk in men and women leads her to conclude that little consideration has been given to the connection between gender differences in lifestyle and how people get ill, consult doctors,

receive medical care or even die. The majority of medical specialists persist in explaining gender differences purely on the basis of biology; doing so, they adopt what epistemologists call “biological determinism” or “biologism.” The clearest expression of this intellectual error is the concept of the so-called Type A or “cardiac” personality. Those with Type A personality were thought to have a greater likelihood of becoming ill, compared to the second



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type, defined as non-A. When this risk marker was first conceptualized, scientists did not notice that most subjects with a Type A personality were males even though they had associated this personality type with traditionally male labor and social roles in the sexual division of labor characteristic of modern societies.

Social changes—such as the incorporation of women into the workforce in roles different from those of men and the changing construction of female identity—mean that traditional notions of masculine and feminine no longer apply. Understanding these changes, as well as a critical review of the concepts of risk and vulnerability, allows the author to offer a novel body approach in the fields of public health and

social medicine.

This approach can be applied to other health problems, in other contexts and historical periods, provided the analysis is based on the relationship between how we live, how we get sick, and how we are cared for. But this work is also a textbook for training undergraduate and post-graduate students in the health sciences. The content and methodology offer new approaches in medical training from the standpoint of community health; gender-based analysis is essential today in understanding the process of health-disease-health care.

The author stresses throughout the book, “*Gender has a significant effect on the biological, psychological, and social determi-*

nants of coronary risk in women. Up until the menopause, we women are protected, However, risks rise exponentially afterwards, particularly if no preventive measures are taken. Psychologically, women have been overloaded by the internalization of mandates linked to new roles added on top of the usual tasks and compounded by the expectation that they should be perfect in everything they do. Women’s support networks are now fewer and more fragile; many have the additional burden of being the sole provider for the family.” She goes on to say, “*For women, the acceptance of unlimited work—*

which was, until recently, a male value (linked to development and autonomy)—has increased coronary risk.”

I recommend this book, which covers many academic, social, and political fields and is a valuable contribution to the understanding of diseases which are largely preventable and call out for competent, comprehensive health systems and health care models that are worthy of our society.

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