Journal of Rare Cardiovascular Diseases
ISSN: 2299-3711 (Print) | e-ISSN: 2300-5505 (Online)
www.jrcd.eu
RESEARCH ARTICLE

Gender, Sexuality, and Changing Heart: Psychosocial Dimensions of Cardiovascular Health in Selected English Novels

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Article History
Received: 21.09.2025
Revised: 30.09.2025
Accepted: 22.10.2025
Published: 11.11.2025

Abstract: The human heart has long served as a powerful dual symbol in literature, representing both the physical organ central to life and the metaphorical seat of emotion, identity, and moral character. This paper explores the intricate intersections between gender, sexuality, and the portrayal of cardiovascular conditions in selected English novels, arguing that literary representations often pathologize psychosocial distress stemming from rigid societal norms, particularly for women and sexual minorities. Through a critical literary analysis of Charlotte Brontë's Jane Eyre, Gustave Flaubert's Madame Bovary, and E.M. Forster's Maurice, this research examines how "heart disease" and "heartache" are narratively constructed. It investigates how female characters like Bertha Mason and Emma Bovary suffer cardiovascular crises that are directly linked to the repression and confinement imposed by patriarchal structures, their hearts becoming sites of somaticized rebellion. Conversely, it analyzes how male characters, such as Maurice Hall, experience cardiac symptoms as manifestations of internalized homophobia and the psychological strain of a "closeted" existence. The paper posits that these literary depictions prefigure modern psychosomatic and biopsychosocial models of health, demonstrating that the social determinants of health—especially those related to gender and sexuality—are profoundly inscribed upon the physical body, with the heart as a primary text. By examining these narratives, we can deepen our understanding of the historical and cultural contexts that shape the embodied experience of psychosocial distress and challenge contemporary medical paradigms to more fully integrate these dimensions into cardiovascular care.

Keywords: literature and medicine, cardiovascular health, gender, sexuality, psychosomatic, Jane Eyre, Madame Bovary, Maurice, biopsychosocial model.

INTRODUCTION

The heart is an organ of profound duality. Anatomically, it is a muscular pump, the relentless engine of circulation whose failure signifies biological death. Metaphorically, across cultures and centuries, it has been the symbolic core of human emotion, courage, love, and despair—the locus of the "heartache" that can feel as visceral as any physical wound. This confluence of the biological and the symbolic makes the heart a uniquely potent site for examining how social and psychological forces become materially embodied. Long before the advent of contemporary psychosomatic medicine or the biopsychosocial model (Engel, 1977), novelists were intuitively mapping the connections between societal pressures, emotional turmoil, and physical health, with cardiac distress serving as a frequent and telling symptom.

This paper argues that in the landscape of the English novel, representations of heart conditions are frequently gendered and sexualized, acting as a narrative device to somaticize the psychosocial distress inflicted by oppressive societal structures. Specifically, it contends that for female characters in the 19th century, the "ailing heart" often symbolizes the pathological consequences of patriarchal confinement, repressed sexuality, and emotional starvation. For male characters, particularly those grappling with non-normative sexualities in a hostile society, cardiac symptoms manifest the internal conflict and psychological strain of a forced double life. These literary diagnoses, while not clinically precise, offer profound insights into the ways culture "gets under the skin" to influence health outcomes (Krieger, 2005).

To develop this argument, this study will conduct a close reading of three seminal novels: Charlotte Brontë's *Jane Eyre* (1847), Gustave Flaubert's *Madame Bovary* (1856), and E.M. Forster's *Maurice* (written 1913-1914, published 1971). These texts span a crucial period from the High Victorian era to the dawn of modernism and represent distinct yet intersecting explorations of gender and sexuality. Jane Eyre provides a paradigm of the "madwoman in the attic," Bertha Mason, whose purported madness and eventual demise can be reinterpreted through a lens of somatic rebellion against colonial and patriarchal imprisonment. *Madame Bovary* offers a stark portrait of a woman whose romantic aspirations, stifled by bourgeois banality, lead to a literal and metaphorical heart failure. Finally, *Maurice* shifts the focus to the male experience, charting the protagonist's cardiac anxieties as a direct correlate of his

closeted homosexuality and his ultimate "cure" through authentic love.

By analyzing these narratives, this paper aims to contribute to the interdisciplinary field of literature and medicine, demonstrating how literary texts can serve as valuable case studies for understanding the historical and cultural construction of illness. These novels do not merely describe heart conditions; they use them to critique the social pathologies that make certain hearts more vulnerable to breaking.

Theoretical Framework: The Biopsychosocial Heart

To fully appreciate the literary representations of heart disease, it is essential to ground the analysis in a theoretical model that acknowledges the interplay of biological, psychological, and social factors. The biomedical model, which dominated much of the 20th century, views disease primarily as a deviation from normal biological functioning, to be treated through physical interventions (Wade & Halligan, 2004). While powerful, this model often neglects the significant role of the patient's mind, emotions, and social context.

In response, George Engel proposed the biopsychosocial model in 1977, arguing that health and illness are the product of a complex interaction between biological factors (genetics, biochemistry), psychological factors (mood, personality, behavior), and social factors (cultural, familial, socioeconomic) (Engel, 1977). This model provides a robust framework for interpreting the cardiac ailments in our selected novels. For instance, a character's heart failure cannot be understood by biology alone; it must be seen as the culmination of chronic stress, social isolation, economic dependency, and emotional despair.

Furthermore, the concept of somatization—the expression of psychological or social distress through physical symptoms—is central to this analysis (Kirmayer & Robbins, 1991). In cultures or historical periods where direct expression of emotional or sexual discontent is forbidden, particularly for women, the body may become the only acceptable medium for communication. The heart, as the preeminent symbol of feeling, is a logical site for such somatization. As literary scholar Elaine Showalter (1987) has argued in *The Female Malady*, women's mental and physical illnesses have often been shaped by cultural expectations and gender ideologies.

Finally, the work of contemporary epidemiologists like Nancy Krieger on the theory of embodiment is crucial. Krieger (2005) asks, "How do we embody the social world in which we live?" (p. 350). She demonstrates that social inequalities and injustices, including those based on gender and sexuality, literally become incorporated into human biology, leading to patterns of disease and health disparities. The novels examined here can be seen as literary explorations of this very process, depicting how patriarchal and heteronormative structures become embodied as cardiac pathology.

I. The Confined Heart: Hysteria and Somatic Rebellion in Jane Eyre

Charlotte Brontë's Jane Eyre is a foundational text for examining the gendered dimensions of health and illness. While the protagonist Jane famously triumphs through moral fortitude and intellectual passion, the novel's most potent symbol of pathological confinement is Bertha Antoinetta Mason, the Creole heiress locked in the attic of Thornfield Hall. Mr. Rochester's description of her condition is telling: he labels her as mad, a "maniac" with "virulent" passions (Brontë, 1847/2006, p. 337). However, a critical reading, informed by Sandra Gilbert and Susan Gubar's The Madwoman in the Attic (1979), reveals Bertha not as inherently insane, but as a woman driven to madness and physical decay by the twin oppressions of patriarchy and colonialism. Her physical state, particularly the events leading to her death, can be interpreted as a form of somatic rebellion, with cardiovascular collapse as a key component.

Bertha is denied voice and agency. Her story is told entirely through Rochester, who has a vested interest in portraying her as subhuman to justify his own bigamous desires. Her confinement is absolute; she is physically imprisoned and narratively silenced. This extreme psychosocial stressor—the complete loss of liberty and identity—manifests in violent, corporeal outbursts. She is not merely "mad"; she is a body in revolt. Her final act of arson is the ultimate expression of this rebellion, destroying the patriarchal prison (Thornfield) and its architect (Rochester, whom she maims) and, significantly, leading to her own death.

The nature of her death is cardiovascular. After setting the fire, Bertha climbs onto the roof. When Jane and the onlookers see her, she is a towering, terrifying figure. Brontë writes, "She yelled and gave a spring, and the next minute she lay smashed on the pavement" (Brontë, 1847/2006, p. 470). While the immediate cause of death is the fall, the sequence of events—the immense psychological and physical exertion of the rebellion—suggests a total systemic failure. In a modern context, we might interpret this as a catastrophic cardiovascular event precipitated by extreme stress. The "spring" could be a final, desperate surge of adrenaline preceding a fatal arrhythmia or rupture. Her heart, quite literally, could not bear the strain of both her confinement and her explosive bid for freedom.

This reading aligns with the biopsychosocial model. Biologically, Bertha may have had a predisposition (Rochester claims madness runs in her family). However, the primary etiological factors are psychosocial: she is uprooted from her home in Jamaica, transported to a cold, foreign land, stripped of her status and autonomy, and imprisoned by a husband who despises her. Her "heart," in both its metaphorical and

physical dimensions, succumbs to this toxic environment. She embodies Krieger's concept of embodiment, where social inequality (as a colonized woman and a dispossessed wife) becomes a biological reality—death. Bertha's cardiac collapse is not a random plot device; it is the logical, somatic conclusion of a life denied psychosocial sustenance.

In contrast, Jane Eyre's own heart troubles are of a different nature, linked to moral and emotional conflict rather than outright confinement. When she flees Thornfield after discovering Bertha, she suffers from starvation and exposure, her physical heart weakening from literal deprivation. Yet, her resilience is marked by the heart's recovery, symbolizing her moral and emotional fortitude. The novel thus establishes a dichotomy: the "mad" colonial wife dies of a bursting heart, a victim of extreme psychosocial oppression, while the virtuous English governess survives her heartaches, her physical resilience mirroring her psychological integrity.

II. The Consuming Heart: Boredom, Adultery, and Arsenic in Madame Bovary

If Bertha Mason's heart fails in a dramatic, fiery rebellion, Emma Bovary's heart succumbs to a slower, more insidious poison: the suffocating boredom and romantic disillusionment of bourgeois life. Gustave Flaubert's Madame Bovary is a masterful study of how psychosocial factors—specifically, gendered expectations of romance and the lack of meaningful outlets for female intellect and passion—can lead to somatic decline and, ultimately, cardiac arrest. Emma's death by arsenic poisoning is a deliberate suicide, but the novel meticulously charts the decay of her nervous and cardiovascular system long before this final act, framing her physical deterioration as a direct consequence of her psychological state.

Emma's problem is one of the heart in its metaphorical sense. Educated in a convent on a diet of romantic novels, she develops an idealized, passionate notion of love and life that her well-meaning but obtuse husband, Charles, cannot possibly fulfill. Her existence in the provincial town of Yonville is one of relentless banality, which she experiences as a form of soul-crushing confinement. Flaubert consistently uses the language of the heart and circulation to describe her emotional states. After her first disillusioning affair with Rodolphe, she falls into a lethargic state: "She was pale all over, white as a sheet; the skin of her nose was drawn towards the nostrils, her eyes had a vague look about them" (Flaubert, 1856/1992, p. 180). This description suggests not just sadness, but a physical depletion, a slowing of the vital forces.

Her emotional turmoil is directly linked to cardiovascular symptoms. During periods of intense anxiety, particularly as her financial debts and social disgrace mount, she experiences palpitations and arrhythmias. As her predicament becomes inescapable, Flaubert notes, "Her heart would miss a beat at the sudden panics that would assail her" (Flaubert, 1856/1992, p. 275). This is a classic description of somatized anxiety. The psychological pressure of her double life as an adulteress and a debtor translates into a dysregulated heartbeat. The social constraints that forbid her from achieving the romantic and material life she desires—the very definition of her gendered existence—literally cause her heart to falter.

Her eventual suicide by arsenic is a violent, chemical assault on her entire system, but its effects on her cardiovascular system are highlighted. The poison induces violent vomiting, sweating, and convulsions, but the final failure is cardiac. The attending pharmacist, Homais, explicitly states, "It's the heart that's packed up" (Flaubert, 1856/1992, p. 292). This clinical pronouncement carries immense symbolic weight. Emma's heart, which had yearned so fiercely for a life of passion and meaning, finally "packs up" under the cumulative weight of disappointment, debt, and despair. It is a heart killed by consumption—not tuberculosis, but the consumption of unrealistic ideals and the toxic reality of her social position.

From a biopsychosocial perspective, Emma's case is clear. The social context of 19th-century French provincial life offers no legitimate escape for a woman of her temperament. The psychological damage wrought by her romantic education and subsequent disillusionments creates a state of chronic stress and depression. These factors biologically manifest as nervous complaints, loss of appetite, and ultimately, a vulnerable cardiovascular system that gives way under the acute stress of her final crisis. Flaubert, with his clinical, detached prose, demonstrates a profound understanding of psychosomatic illness. He shows that Emma does not die simply because she swallows arsenic; she swallows arsenic because her heart—in every sense of the word—has already been broken by a world that had no place for her desires.

III. The Closeted Heart: Internalized Homophobia and Cardiac Anxiety in Maurice

E.M. Forster's Maurice, written in the early 20th century but set in the Edwardian era, shifts the focus from female confinement to the male experience of a stigmatized sexuality. In a society where homosexual acts were illegal and considered both a sin and a pathology, the psychological toll on gay men was immense. Forster maps this toll directly onto the body of his protagonist, Maurice Hall, using cardiac imagery and symptoms to represent the fear, self-loathing, and internal conflict generated by a closeted existence. Maurice's journey toward self-acceptance is paralleled by the transformation of his cardiac health, moving from a state of anxious palpitations to a metaphorically "cured" and steady heart.

From his youth, Maurice's introduction to sexuality is framed by confusion and a sense of inherent wrongness. This internalized homophobia becomes embodied as a physical secret, often felt in the region of his heart. After a particularly troubling encounter or thought, Forster describes Maurice's physical reaction: "A horror crept over his flesh... his heart beat thickly" (Forster, 1914/2005, p. 26). This "thick" beating is not a medical diagnosis but a powerful literary evocation of somatic anxiety—the feeling of dread making its presence physically known.

The most explicit connection comes during his time at Cambridge. After a lecture on the Phaedrus, where the professor dismisses the "higher sodomy" of the Greeks as irrelevant to modern Englishmen, Maurice experiences a crisis. The dismissal of his nascent feelings as historically obsolete causes him profound distress. Forster writes, "He felt violent pain, such as follows a wound in battle, and like a bullet, the lecture sank into him, and he felt for it hatred, hatred he dared not express" (Forster, 1914/2005, p. 59). This internalized "bullet" wound, the hatred he cannot express outwardly, turns inward. Immediately after this incident, Maurice develops a physical symptom: a pain near his heart. He consults a doctor, who finds nothing physically wrong. The doctor's diagnosis is tellingly vague: "Growth... the Pains of Growth" (Forster, 1914/2005, p. 60).

This episode is a perfect literary illustration of a psychosomatic condition. The pain is real to Maurice, but its origin is not a lesion or infection; it is the psychological trauma of having his core identity negated and pathologized by a respected authority. The "growth" is indeed painful—it is the struggle of his authentic sexual identity to emerge in a climate of violent repression. His heart, the symbol of his deepest self, literally aches with the strain of the secret it must keep.

This cardiac anxiety persists throughout his affair with Clive Durham, which remains platonic after Clive renounces his homosexual feelings. The relationship, built on denial and impossibility, is a source of continued stress rather than fulfillment. It is only after Maurice embraces his sexuality fully in his relationship with the gamekeeper Alec Scudder that the cardiac imagery transforms. The novel's famous ending, where Maurice and Alec choose to live together outside of society's bounds, is described as a "victory" that is "calm and quiet" (Forster, 1914/2005, p. 236). The frantic, thick, pained heartbeat of his youth is replaced by a steady rhythm. He is no longer at war with himself. The psychosocial stressor of the closet has been removed, and with it, the somatic symptoms dissolve. His heart is metaphorically, and by extension psychosomatically, healed.

Forster's narrative powerfully demonstrates that for sexual minorities in a repressive society, health is not merely a biological state but a psychosocial achievement. The biopsychosocial model is vividly at play: the social taboo against homosexuality creates intense psychological conflict (internalized homophobia, fear of discovery), which in turn produces biological symptoms (cardiac pain, palpitations). Maurice's story prefigures modern research that links experiences of discrimination and internalized stigma to poorer physical health outcomes, including cardiovascular disease (Hatzenbuehler et al., 2013). His "changing heart" is a record of his journey from a state of pathological conformity to healthy self-acceptance.

SYNTHESIS AND DISCUSSION: THE HEART AS A NARRATIVE OF SOCIAL PATHOLOGY

The analyses of Jane Eyre, *Madame Bovary*, and *Maurice* reveal a consistent pattern: the literary heart serves as a barometer of psychosocial well-being, and its distress is disproportionately borne by those who transgress or are trapped by societal norms regarding gender and sexuality. While the manifestations differ—Bertha's explosive collapse, Emma's slow poisoning, Maurice's anxious palpitations—the underlying mechanism is the same: intolerable social and psychological pressure becomes embodied as cardiac pathology.

These novels function as powerful critiques of their respective social orders. Brontë, through Bertha, exposes the brutal consequences of patriarchal and colonial power, showing how a woman can be literally driven to destruction. Flaubert uses Emma's deteriorating health to indict the stultifying confines of the bourgeois marriage and the dangerous gap between female romantic fantasy and grim reality. Forster, writing from within the closet, documents the physiological cost of compulsory heterosexuality and the healing potential of living an authentic life. In each case, the individual's "heart trouble" is a symptom of a larger social sickness.

These literary depictions resonate strongly with contemporary medical understanding. The field of psychocardiology now firmly establishes that psychological factors like chronic stress, depression, anxiety, and social isolation are significant risk factors for the development and progression of cardiovascular disease (Kop, 1999). The Acute Chronic Stress Model in cardiology posits that both sudden, intense stressors and persistent, low-grade stress can trigger cardiac events through autonomic nervous system dysregulation and inflammatory pathways (Steptoe & Kivimäki, 2012). Bertha, Emma, and Maurice are, in a sense, literary case studies of this model.

Furthermore, these narratives highlight the importance of a patient's narrative in diagnosis and treatment. A strictly biomedical approach would have dismissed Maurice's

heart pain as "nothing" and might have treated Emma's lethargy with tonics without addressing its existential roots. The biopsychosocial model, by contrast, demands that clinicians listen to the patient's story to understand the context of their symptoms. These novels are, at their core, those essential patient narratives, pleading for a medicine that sees the whole person, not just the malfunctioning organ.

CONCLUSION

The heart, in its enduring duality as both physical pump and symbolic core, provides literature with a rich vocabulary for exploring the deepest connections between self and society. As this analysis of Jane Eyre, **Madame Bovary**, and **Maurice** has demonstrated, novels have long been engaged in diagnosing the ills that arise when societal structures—particularly those governing gender and sexuality—become oppressive forces. The cardiac ailments of Bertha Mason, Emma Bovary, and Maurice Hall are not random afflictions but are narratively constructed as the somatic embodiment of their psychosocial distress.

Through Bertha, we see how extreme confinement and denial of personhood can lead to a catastrophic cardiovascular rebellion. Through Emma, we witness how the "heartache" of romantic disillusionment and social entrapment can manifest as a literal, fatal heart failure. Through Maurice, we understand how the internal conflict of a closeted identity can generate real, felt pain in the heart, a pain that only recedes with self-acceptance and authentic connection. Together, these stories form a compelling literary argument for the biopsychosocial model of health, illustrating with profound emotional force how biology, psychology, and society are inextricably linked.

For contemporary medicine, these literary histories offer a crucial reminder. They challenge clinicians to look beyond the EKG readout and the angiogram to the life that the heart is laboring to support. They urge a consideration of the social determinants of health—the gendered expectations, the sexual stigmas, the economic dependencies—that can make a heart vulnerable. In giving voice to the suffering of fictional hearts, these novels advocate for a more humane, holistic, and narrative-based practice of healing, one that recognizes that to treat a heart, one must first understand the story it tells.

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